2022 COMMUNITY HEALTH NEEDS ASSESSMENT

Ida, Monona & Sac Counties, Iowa

Sponsored by

horn memorial hospital

2022-1537-02

Prepared by PRC

www.PRCCustomResearch.com

TABLE OF CONTENTS

INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the service area of Horn Memorial Hospital. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

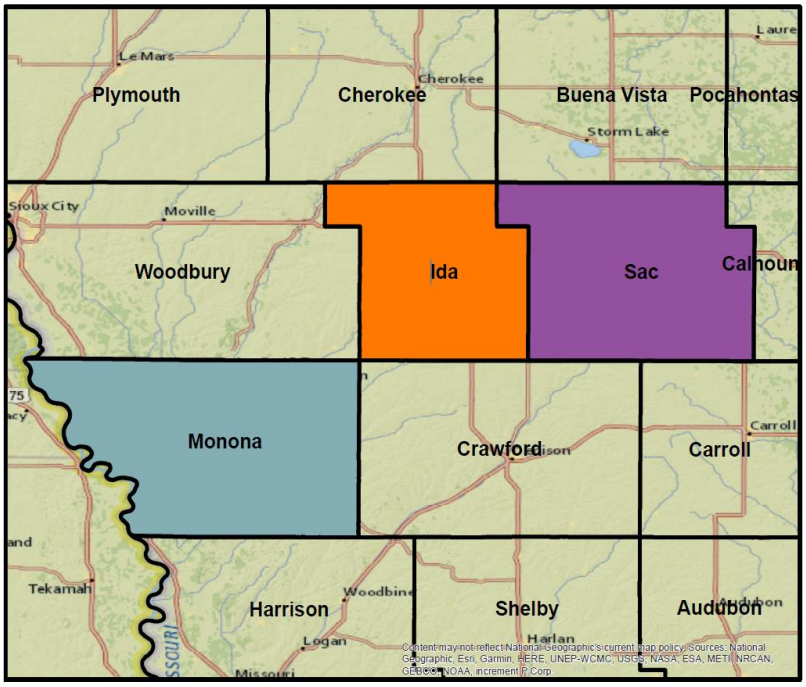
A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

Methodology

Quantitative data input for this assessment includes secondary research (vital statistics and other existing health-related data) that allows for comparison to benchmark data at the state and national levels. Qualitative data input includes primary research among community stakeholders gathered through an Online Key Informant Survey.

Community Defined for This Assessment

The study area for this effort (referred to as “Total Service Area” in this report) includes three Iowa counties: Ida, Monona, and Sac counties. This community definition, determined based on the areas of residence of most recent patients of Horn Memorial Hospital, is illustrated in the following map.



Online Key Informant Survey

To solicit input from community stakeholders (key informants), those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Horn Memorial Hospital; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 46 community stakeholders took part in the Online Key Informant Survey, as outlined below:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Health Providers	19
Social Services Providers	1
Other Community Leaders	26

Final participation included representatives of the organizations outlined below.

- Arthur Evangelical Free Church
- Cross Ridge Evangelical Free Church– Holstein
- First Presbyterian Church– Battle Creek
- GOMACO
- Horn Memorial Hospital
- Horn Physicians Clinic Director
- Horn Physicians Clinic– Ida Grove/Odebolt
- Horn Physicians Clinic–Ida Grove
- Ida Grove Kiwanis
- Johnson Propane
- Kid Zone
- Lewis Family Drug
- Midwest Industries
- Morningside Rehab & Care Center
- Maple Valley Anthon Oto Community Schools
- Nutrien Ag Solutions
- Odebolt Arthur Battle Creek Ida Grove High School
- Odebolt Arthur Battle Creek Ida Grove School District
- Ridge View High School
- St. Paul Lutheran Church – Ida Grove
- St. Paul's Lutheran Church – Holstein
- Tiefenthaler Quality Meats
- Trinity Lutheran Church– Odebolt
- United Bank of Iowa
- United Methodist Church– Holstein
- VT Industries

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the Total Service Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Ida County Data

Where possible, individual Ida County data are provided alongside the three-county Total Service Area findings (*see also the appended summary tables at the end of this assessment*).

Iowa and National Data

State and national data are provided throughout this report as additional benchmarks against which to compare Total Service Area findings.

Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

Healthy People 2030's overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the U.S. Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

For the purpose of this report, "significance" of secondary data indicators (which might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs. In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment

Horn Memorial Hospital made its prior Community Health Needs Assessment (CHNA) report publicly available through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Horn Memorial Hospital had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Horn Memorial Hospital will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

IRS FORM 990, SCHEDULE H COMPLIANCE

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

IRS FORM 990, SCHEDULE H (2019)	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	6
Part V Section B Line 3b Demographics of the community	20
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	80
Part V Section B Line 3d How data was obtained	6
Part V Section B Line 3e The significant health needs of the community	12
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	13
Part V Section B Line 3h The process for consulting with persons representing the community's interests	6
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	88

SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the Total Service Area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	▪ Access to Primary Care Physicians
CANCER	▪ Leading Cause of Death ▪ Cancer Incidence – Including Prostate Cancer and Colorectal Cancer
HEART DISEASE & STROKE	▪ Leading Cause of Death ▪ Coronary Heart Disease Deaths
INJURY & VIOLENCE	▪ Unintentional Injury Deaths
MENTAL HEALTH	▪ Mental Health Provider Ratio ▪ Key Informants: Mental health ranked as a top concern.
ORAL HEALTH	▪ Access to Dentists
RESPIRATORY DISEASE	▪ Coronavirus/COVID-19 Deaths
SUBSTANCE ABUSE	▪ Excessive Drinking

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment ("Areas of Opportunity" in the previous table) was determined based on a prioritization exercise conducted among community stakeholders (representing a cross-section of community-based agencies and organizations) in conjunction with the administration of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Mental Health
2. Substance Abuse
3. Heart Disease & Stroke
4. Respiratory Disease
5. Cancer
6. Oral Health
7. Injury & Violence
8. Access to Health Care

Hospital Implementation Strategy

Horn Memorial Hospital will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in the prior CHNA can be found as an appendix to this report.

Summary Tables:
Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Total Service Area, grouped by health topic.

Reading the Summary Tables

In the following tables, Total Service Area results are shown in the larger, gray column.

The columns to the right of the Total Service Area column provide comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Symbols indicate whether the Total Service Area compares favorably (☀), unfavorably (🌧), or comparably (☁) to these external data.

Note that blank table cells in the tables that follow signify that data are not available or are not reliable for that area and/or for that indicator

SOCIAL DETERMINANTS	Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS vs. IA	vs. US	vs. HP2030
Population in Poverty (%)	11.4	☁ 11.5	☀ 13.4	🌧 8.0
Children in Poverty (%)	12.1	☁ 13.8	☀ 18.5	🌧 8.0
Housing Exceeds 30% of Income	16.7	☀ 22.9	☀ 30.9	
No High School Diploma (% Age 25+)	7.3	☁ 7.9	☀ 12.0	
Linguistically Isolated Population (%)	0.4	☀ 2.1	☀ 4.3	
		☀ better	☁ similar	🌧 worse

OVERALL HEALTH	Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS vs. IA	vs. US	vs. HP2030
"Fair/Poor" Overall Health (%)	16.8	☁ 15.2	☁ 18.6	
		☀ better	☁ similar	🌧 worse

ACCESS TO HEALTH CARE	Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS vs. IA	vs. US	vs. HP2030
Uninsured (% Adults 18-64)	**6.6**	7.0	12.8	7.9
Uninsured (% Children 0-17)	**3.2**	2.6	5.6	7.9
Recent Primary Care Visit (%)	**80.0**	77.9	76.6	
Primary Care Doctors per 100,000	**62.6**	100.0	101.7	
		better	similar	worse

CANCER	Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS vs. IA	vs. US	vs. HP2030
Cancer (Age-Adjusted Death Rate)	**170.9**	154.3	149.4	122.7
Prostate Cancer Incidence Rate	**137.3**	112.1	106.2	
Female Breast Cancer Incidence Rate	**123.1**	132.6	126.8	
Lung Cancer Incidence Rate	**66.4**	62.6	57.3	
Colorectal Cancer Incidence Rate	**54.3**	43.2	38.0	
Cancer Incidence Rate (All Sites)	**496.3**	484.1	448.6	
Mammogram in Past 2 Years (% Women 50-74)	**72.1**	74.0	74.8	
		better	similar	worse

DIABETES	Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS vs. IA	vs. US	vs. HP2030
Diabetes Prevalence (%)	7.7	7.2	7.5	
		better	similar	worse

HEART DISEASE & STROKE	Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS vs. IA	vs. US	vs. HP2030
Coronary Heart Disease (Age-Adjusted Death Rate)	163.1	102.3	91.5	90.9
Stroke (Age-Adjusted Death Rate)	29.5	32.4	37.6	33.4
High Blood Pressure Prevalence (%)	37.6	32.0	32.6	27.7
		better	similar	worse

INFANT HEALTH & FAMILY PLANNING	Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS vs. IA	vs. US	vs. HP2030
Births to Adolescents Age 15 to 19 (Rate per 1,000)	16.7	17.6	20.9	31.4
		better	similar	worse

INJURY & VIOLENCE	Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS vs. IA	vs. US	vs. HP2030
Unintentional Injury (Age-Adjusted Death Rate)	60.2	43.5	50.4	43.2
Violent Crime Rate	149.8	283.0	416.0	
		better	similar	worse

MENTAL HEALTH	Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS vs. IA	vs. US	vs. HP2030
Mental Health Providers per 100,000	15.6	101.5	121.3	
		better	similar	worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS vs. IA	vs. US	vs. HP2030
Fast Food (Restaurants per 100,000	30.0	70.1	82.2	
Population With Low Food Access (%)	10.3	20.0	22.2	
No Leisure-Time Physical Activity (%)	22.4	21.9	22.0	21.2
Obese (%)	31.4	32.3	27.6	36.0
		better	similar	worse

ORAL HEALTH	Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS vs. IA	vs. US	vs. HP2030
Dentists per 100,000	7.8	24.9	32.8	
Poor Dental Health (%)	13.6	11.9	13.5	
		better	similar	worse

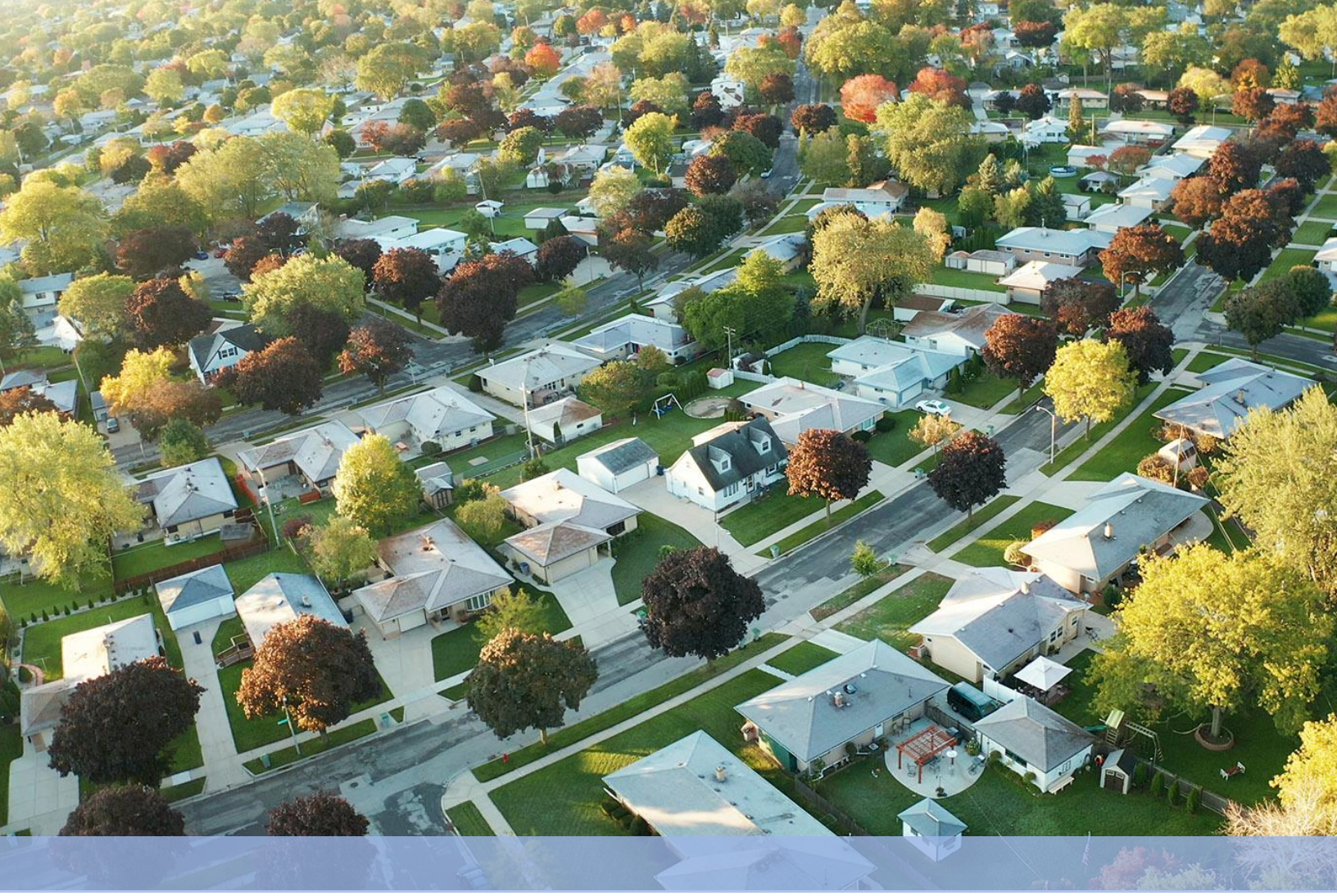
POTENTIALLY DISABLING CONDITIONS	Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS vs. IA	vs. US	vs. HP2030
Disability Prevalence (%)	12.3	11.7	12.6	
		better	similar	worse

RESPIRATORY DISEASE	Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS vs. IA	vs. US	vs. HP2030
Lung Disease (Age-Adjusted Death Rate)	42.8	44.4	39.1	
Coronavirus/COVID-19 (Crude Death Rate)	507.2	293.5	290.0	
Asthma Prevalence (%)	8.3	8.3	8.9	
		better	similar	worse

SEXUAL HEALTH	Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS vs. IA	vs. US	vs. HP2030
Chlamydia Incidence Rate	184.9	466.7	539.9	
Gonorrhea Incidence Rate	39.3	153.8	179.1	
		better	similar	worse

SUBSTANCE ABUSE	Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS vs. IA	vs. US	vs. HP2030
Excessive Drinker (%)	24.1	25.8	19.2	
		better	similar	worse

TOBACCO USE	Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS vs. IA	vs. US	vs. HP2030
Current Smoker (%)	17.5	16.9	15.3	5.0
		better	similar	worse



COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density.

Total Population
(Estimated Population, 2015-2019)

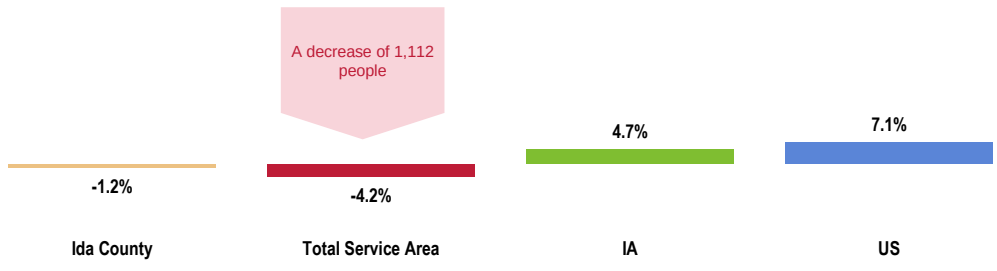
	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Ida County	6,901	431.51	15.99
Total Service Area	25,433	1,700.60	14.96
Iowa	3,139,508	55,856.49	56.21
United States	324,697,795	3,532,068.58	91.93

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).

Population Change 2010-2020

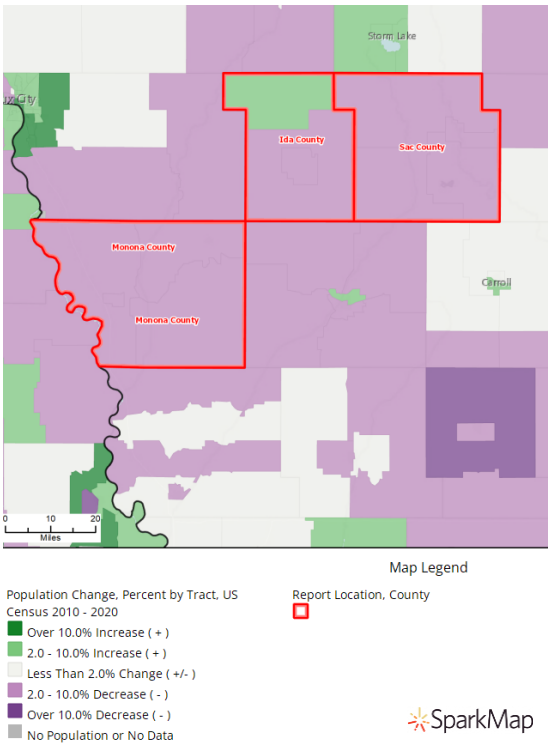
A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources. The following chart and map illustrate the changes that have occurred in the Total Service Area between the 2010 and 2020 US Censuses.

Change in Total Population
(Percentage Change Between 2010 and 2020)



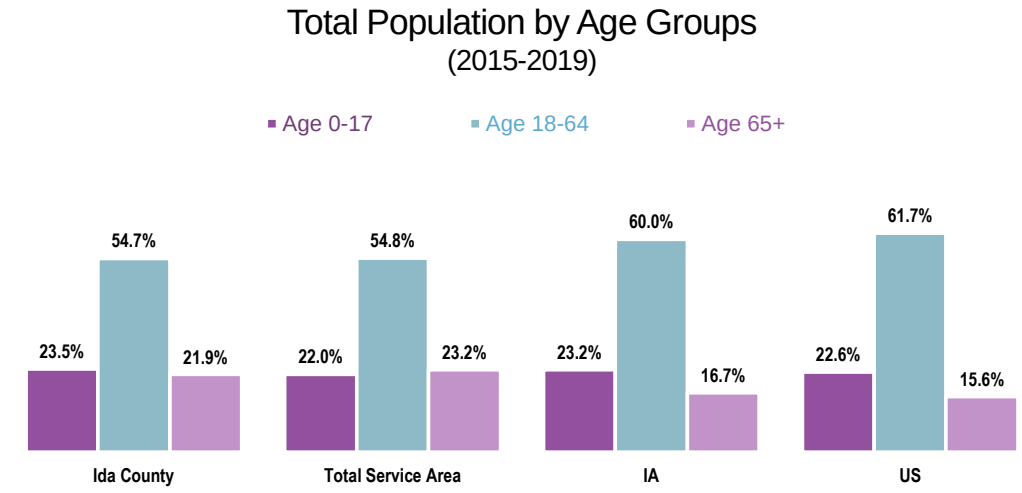
Sources:
- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).

Notes:
- A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.



Age

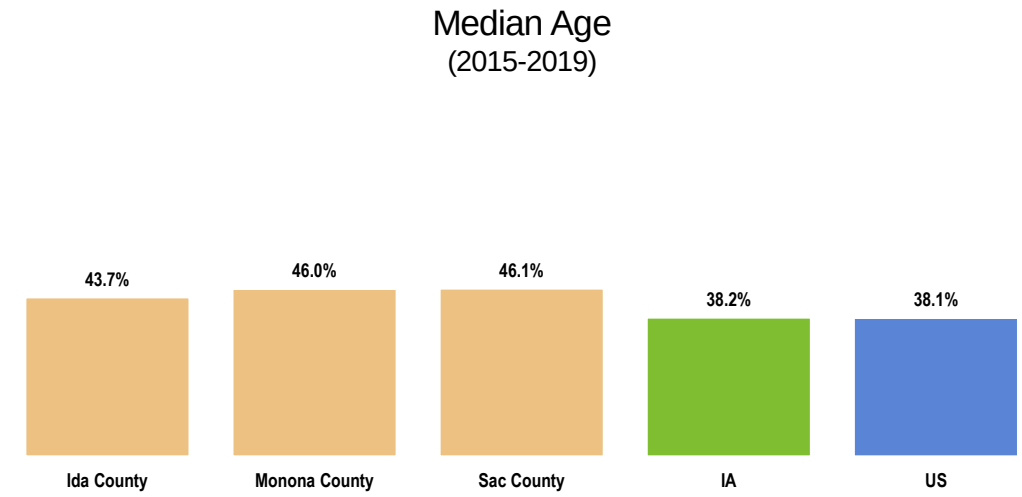
It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.



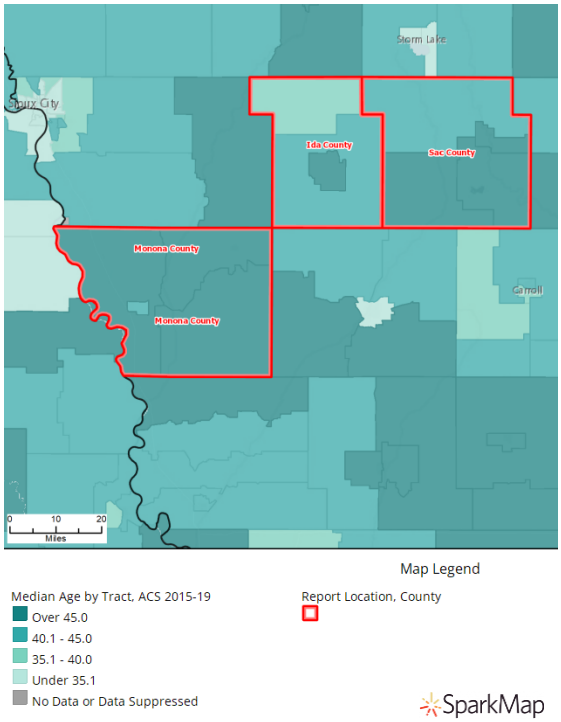
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).

Median Age

Note the median age of our population, relative to state and national medians.



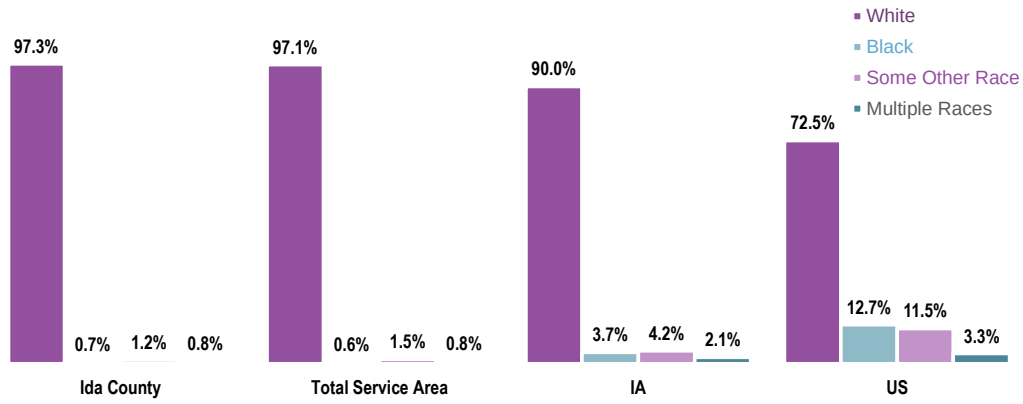
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).



Race & Ethnicity

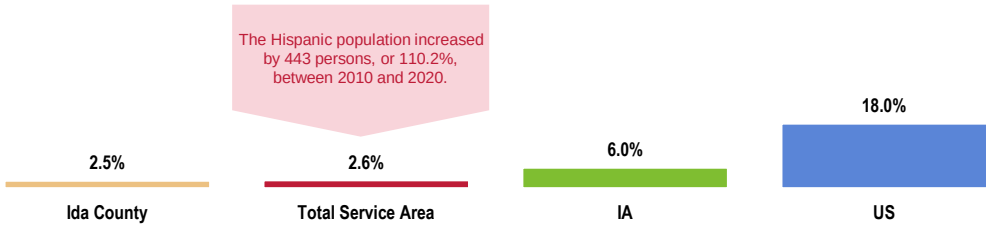
The following charts illustrate the racial and ethnic makeup of our community. Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States — people who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Total Population by Race Alone
(2015-2019)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).

Hispanic Population
(2015-2019)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).

Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

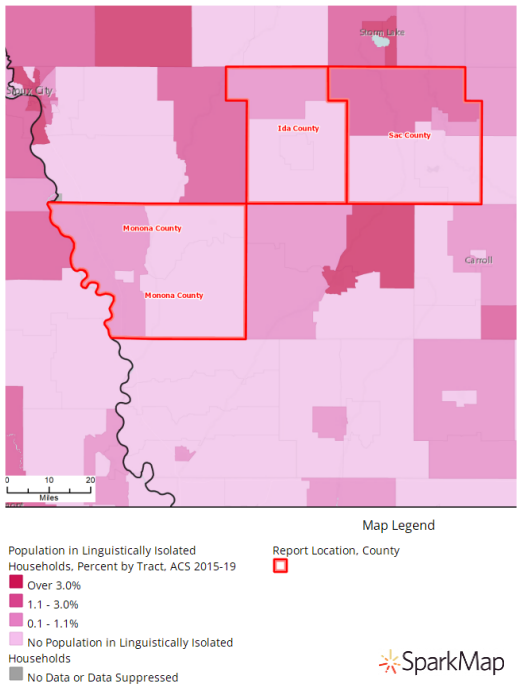
Linguistic Isolation

This indicator reports the percentage of the population age 5 years and older who live in a home in which: 1) no person age 14 years or older speaks only English; or 2) no person age 14 years or older speaks a non-English language but also speaks English "very well."

Linguistically Isolated Population
(2015-2019)

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."



SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

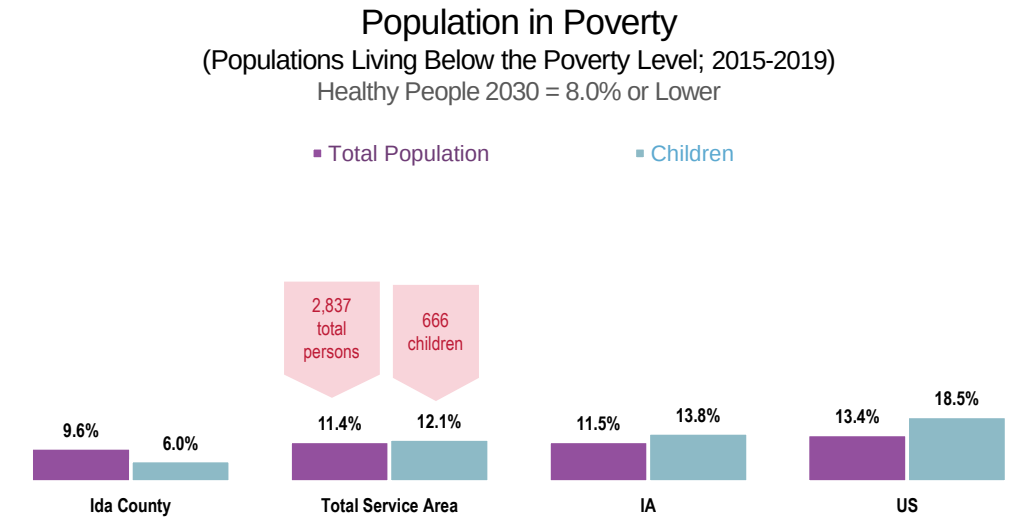
SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

- Healthy People 2030 (https://health.gov/healthypeople)

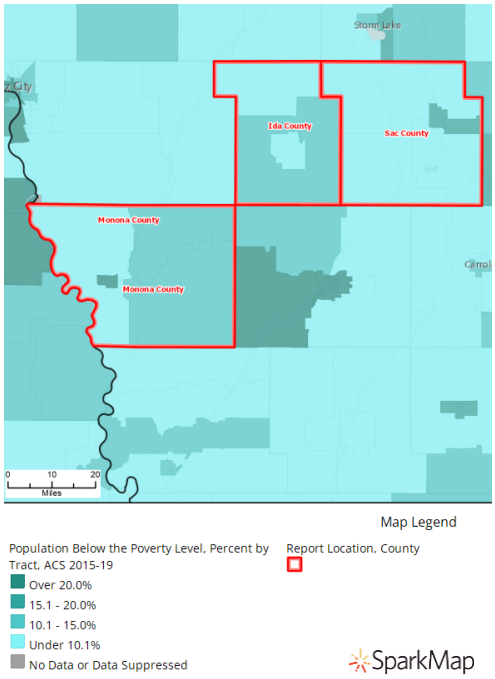
Poverty

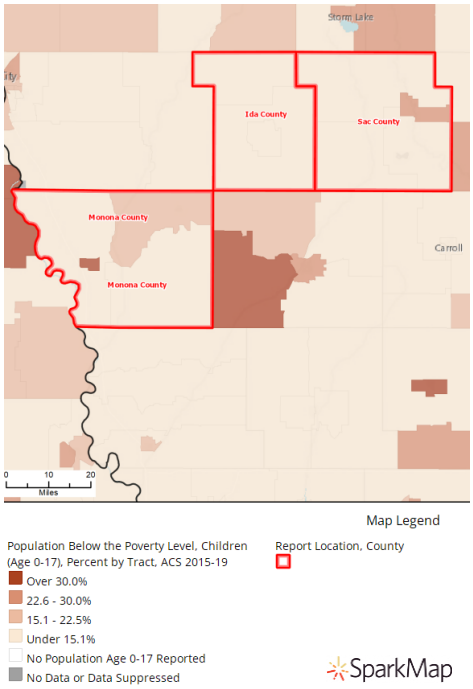
Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to accessing health services, healthy food, and other necessities that contribute to optimal health. The following chart and maps outline the proportion of our population below the federal poverty threshold, as well the percentage of area children living in poverty, in comparison to state and national proportions.



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.


Storm Lake
Ida County
Sac County
Monona County
Monona County
Carroll
0 10 20
Miles
Map Legend
Population Below the Poverty Level, Percent by Tract, ACS 2015-19
Over 20.0%
15.1 - 20.0%
10.1 - 15.0%
Under 10.1%
No Data or Data Suppressed
Report Location, County
SparkMap

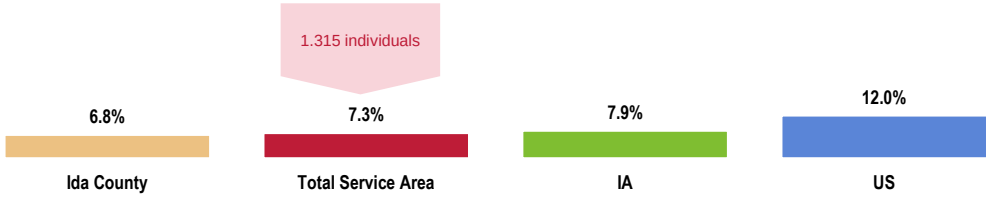

Storm Lake
Ida County
Sac County
Monona County
Monona County
Carroll
0 10 20
Miles
Map Legend
Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2015-19
Over 30.0%
22.6 - 30.0%
15.1 - 22.5%
Under 15.1%
No Population Age 0-17 Reported
No Data or Data Suppressed
Report Location, County
SparkMap

Education

Education levels are reflected in the proportion of our population without a high school diploma.

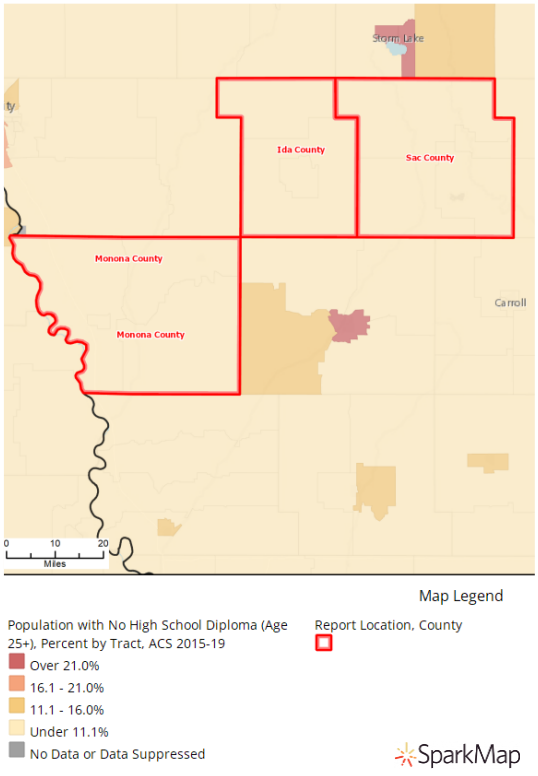
Population With No High School Diploma

(Population Age 25+ Without a High School Diploma or Equivalent, 2015-2019)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.

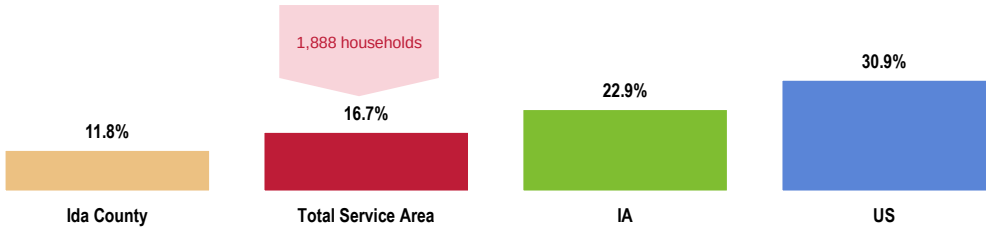


Housing Burden

The following chart shows the housing burden in the Total Service Area. This serves as a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.

"Housing burden" reports the percentage of the households where housing costs (rent or mortgage costs) exceed 30% of total household income.

Housing Costs Exceed 30% of Household Income
(2015-2019)



Sources:
- US Census Bureau, American Community Survey.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of the households where housing costs exceed 30% of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.

HEALTH STATUS

OVERALL HEALTH STATUS

The following indicator provides a relevant measure of overall health status in the Total Service Area, noting the prevalence of residents' "fair" or "poor" health evaluations. While this measure is self-reported and a subjective evaluation, it is an indicator which has proven to be highly predictive of health needs.

The CDC's Behavioral Risk Factor Survey, from which these data are derived, asked respondents:

"Would you say that in general your health is: excellent, very good, good, fair, or poor?"

Adults With "Fair" or "Poor" Overall Health
(2019)

Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator is relevant because it is a measure of general poor health status.

MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. …Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

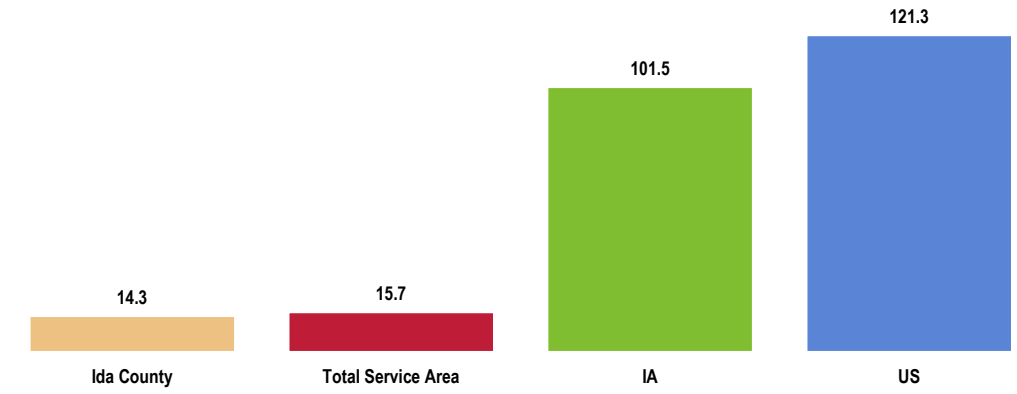
– Healthy People 2030 (https://health.gov/healthypeople)

Mental Health Providers

The data below show the number of mental health care providers in the Total Service Area relative to the Total Service Area population size (per 100,000 residents). This is compared to the rates found statewide and nationally.

Here, "mental health providers" includes psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care.

Note that this indicator only reflects providers practicing in the Total Service Area and residents in the Total Service Area; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

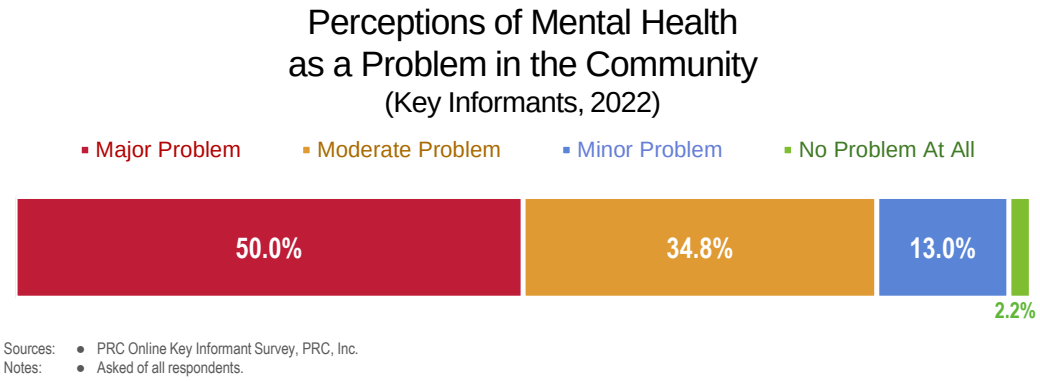


Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

Key Informant Input: Mental Health

Key informants' ratings of the severity of *Mental Health* as a concern in the Total Service Area are outlined below.



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> There are limited resources available for people that need help and the resources available are stretched so thin that it is hard for them to do an effective job. Seems the only way to get into inpatient treatment facilities is to harm yourself or others. They won't take a person that says they are in crisis. The person has to show an action of suicide or murder before anything happens. – Community Leader
>
> Access to quality psychiatric care. Not having a psychiatrist available and access to timely counseling. – Other Health Care Provider
>
> Limited resources for patients. – Other Health Care Provider
>
> Need more resources. Two local agencies provide counseling, referrals. Hospital has limited resources. – Other Health Care Provider
>
> Bed placement. – Other Health Care Provider
>
> Access to effective care. – Other Health Care Provider
>
> Access to good counseling and mental health services. – Community Leader

Contributing Factors

> We have limited resources in the area. Also, transportation to these appointments is limited as well. – Social Services Provider
>
> There are very limited mental health providers. There is a stigma related to mental health, medications, and therapeutic/clinical practices in the ethos of this community. – Community Leader
>
> Lack of facilities to accept mental health patients. Many patients with mental health issues end up in jail due to not being able to be placed in a facility. State defunding of mental health services has been a burden on both providers and patients. – Other Health Care Provider
>
> Accessing mental health services, needing to travel quite a distance to meet with a professional, financial issues/lack of insurance coverage. – Other Health Care Provider
>
> High rates of mental health issues coupled with a lack of access to services. – Community Leader
>
> Access to good mental health services in the Midwest is a huge challenge. The stigma that comes along with mental health is also a large barrier. Patients are embarrassed to discuss mental health. – Other Health Care Provider
>
> Lack of resources, poor patient response to local mental health facilities, lack of mental health specific providers that can prescribe medications. – Other Health Care Provider

Diagnosis/Treatment

> Undiagnosed mental health issues and proper treatment and care. This starts at a very young age. – Community Leader
>
> Again, folks are slow to seek diagnosis and to explore help. – Community Leader

Lack of Providers

> Not enough local providers. – Other Health Care Provider

Denial/Stigma

> People with mental health issues are reluctant to accept this and seek help. People are unwilling to discuss the issue and do not understand how many people are affected and that it is a challenge that can be helped if treatment is sought. – Community Leader

Follow-Up/Support

> Finding somewhere to get support. Lack of family support services for individuals who have had a family member suffer from a serious health event. – Community Leader

Social Integration

> Social integration. – Community Leader

DEATH, DISEASE & CHRONIC CONDITIONS

CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

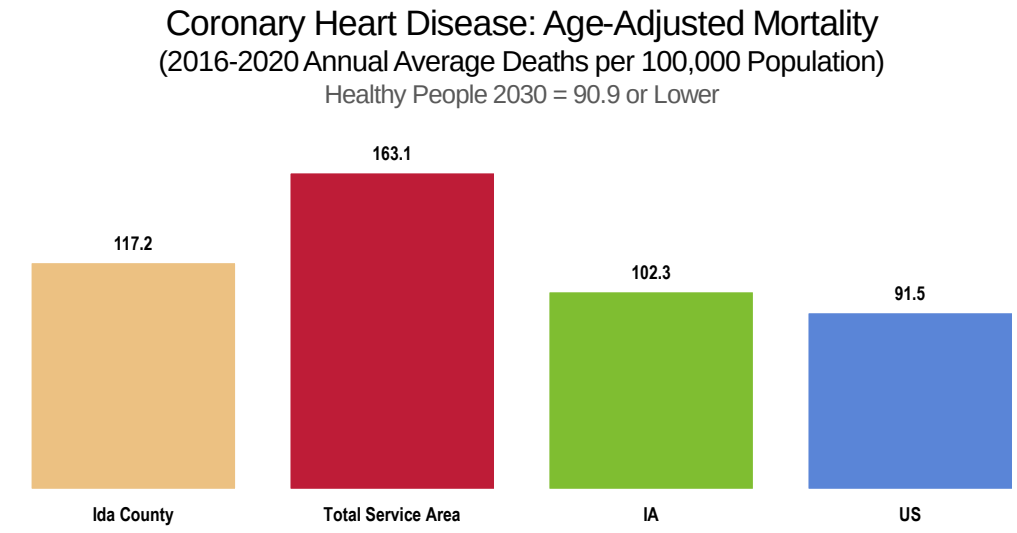
Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. …Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Coronary Heart Disease Deaths

Coronary heart disease is a leading cause of death in the Total Service Area and throughout the United States. The chart that follows illustrates how our (age-adjusted) mortality rate compares to rates in Iowa and the US.



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

AGE-ADJUSTED DEATH RATES

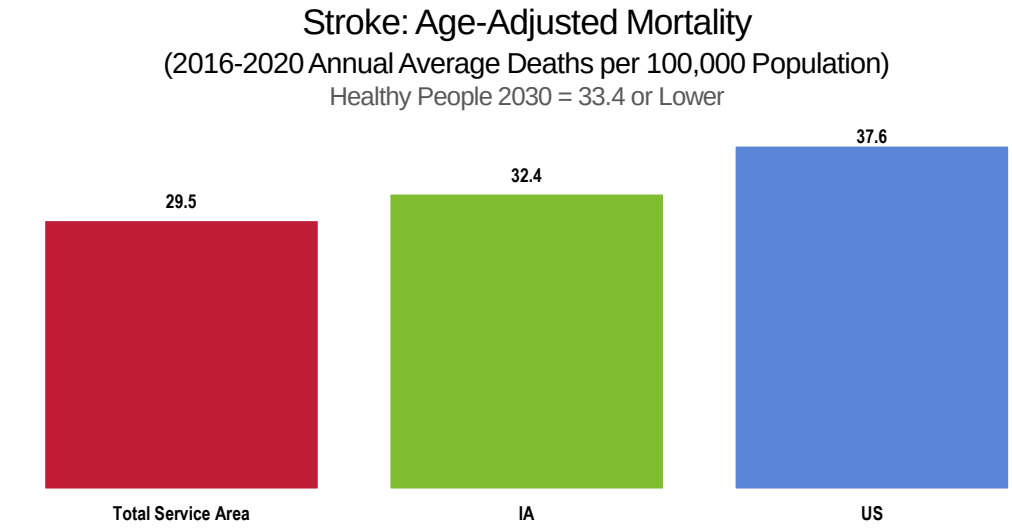
In order to compare mortality in the region with other localities (in this case, Iowa and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2030 objectives.

Note that deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Stroke Deaths

Stroke, a leading cause of death in the Total Service Area and throughout the nation, shares many of the same risk factors as heart disease. Outlined in the following chart is a comparison of stroke mortality locally, statewide, and nationally.



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

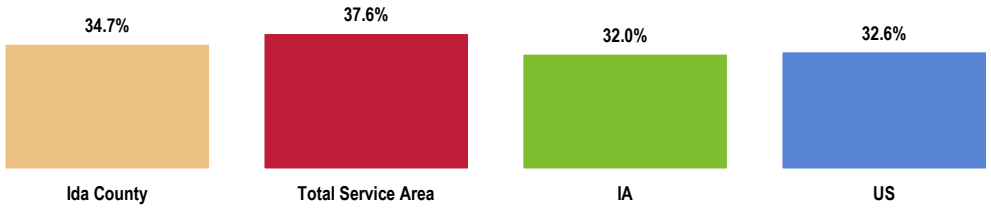
High Blood Pressure

The CDC's Behavioral Risk Factor Survey asked:

"Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?"

Uncontrolled high blood pressure (hypertension) can damage the body and lead to disability or heart attack and stroke. As can be seen in the following chart, a significant share of Total Service Area adults have been told by a health professional at some point that their blood pressure was high.

Prevalence of High Blood Pressure
(2019)
Healthy People 2030 = 27.7% or Lower



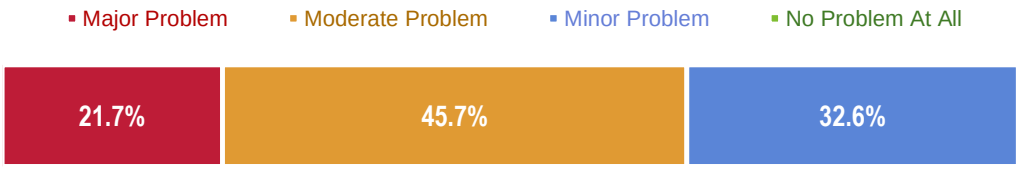
Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Notes:
- This indicator is relevant because coronary heart disease is a leading cause of death in the US and is also related to high blood pressure, high cholesterol, and heart attacks.

Key Informant Input: Heart Disease & Stroke

Outlined below are key informants' levels of concern for *Heart Disease & Stroke* as an issue in the Total Service Area.

Perceptions of Heart Disease and Stroke
as a Problem in the Community
(Key Informants, 2022)



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Contributing Factors

> Because we're Americans and it's a national problem. There is also a vast skepticism about cardiovascular health as related to recommended dietary standards because of how it could negatively affect our local livestock/agriculturally based economy. – Community Leader
>
> Poor diet and exercise habits in the community. – Other Health Care Provider
>
> We have seen an increase in the number of people who have suffered stokes. We have seen an increase in insurance usage for conditions related to heart disease, blood pressure, etc. Believe is related to availability of non-processed foods and lack of exercise. Stigma about addressing these health conditions. This is still very much a meat and potato community. – Community Leader
>
> Aging population, low access to affordable heart healthy foods, lack of understanding regarding lifestyle interventions to combat heart disease. – Other Health Care Provider
>
> Lack of education, noncompliance, and unwillingness of patient to participate in their own care. – Other Health Care Provider

Disease Management

> From a pharmacy perspective we have seen several patients with diabetes or hyperlipidemia not on a statin. The fear of taking a statin seems to be very high in the community. We have seen many of these patients end up having a heart attack/stroke/cardiovascular event and then ending up on 5-10 medications afterwards which could have been prevented by initiating a statin. I believe COVID also played a role in the increase of heart disease and stroke. Patients were not following up appropriately during this time. – Other Health Care Provider

Prevalence/Incidence

> Many of my friends have suffered heart attacks or strokes. People more often today take precautions against heart disease. – Community Leader

Access to Care/Services

> Time is brain and muscle, and we are an hour from definitive care. – Other Health Care Provider

CANCER

ABOUT CANCER

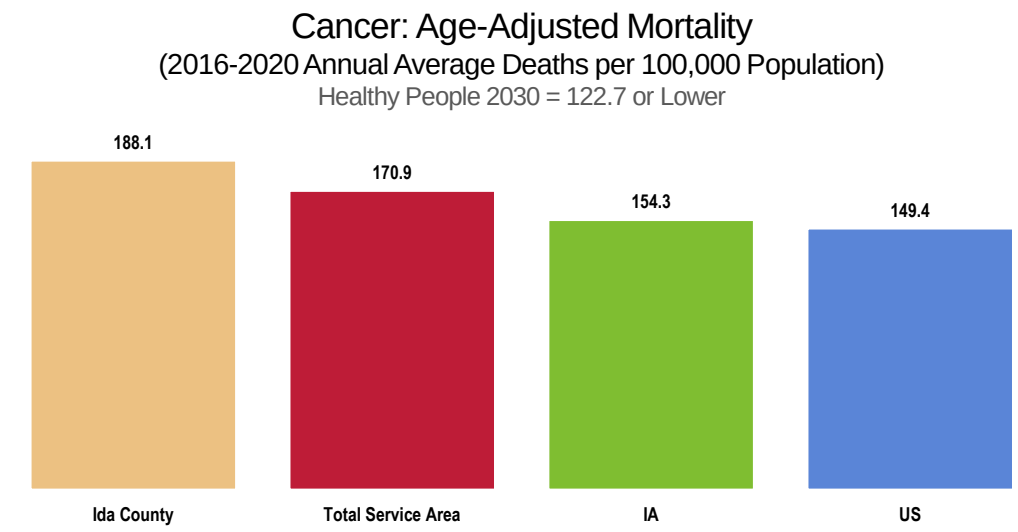
Cancer is the second leading cause of death in the United States. …The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Cancer Deaths

Cancer is a leading cause of death in the Total Service Area and throughout the United States. Age-adjusted cancer mortality rates are outlined below.



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

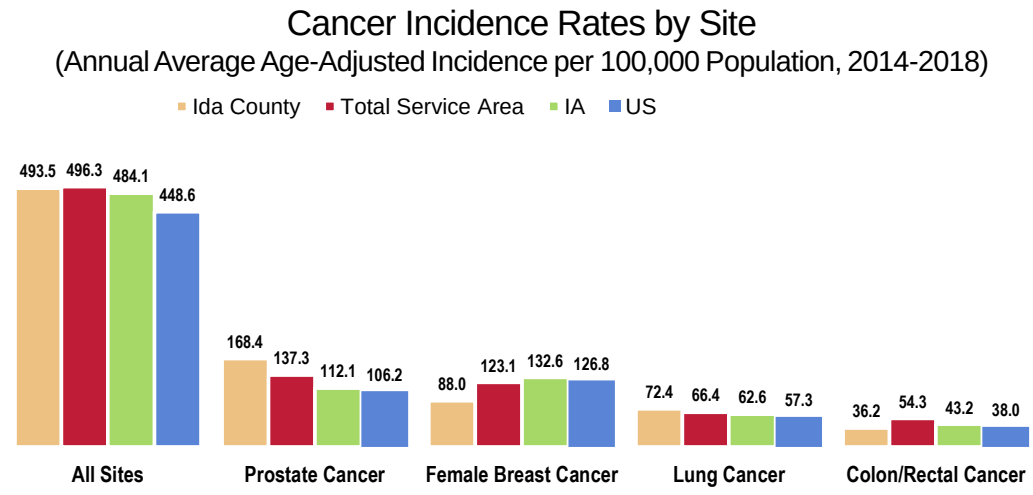
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer Incidence

"Incidence rate" or "case rate" is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

It is important to identify leading cancers by site in order to better address them through targeted intervention. The following chart illustrates the Total Service Area incidence rates for leading cancer sites, including female breast cancer, lung cancer, prostate cancer, and colon/rectum cancer.

RELATED ISSUE
See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.



Sources:
- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

ABOUT CANCER RISK

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Mammograms

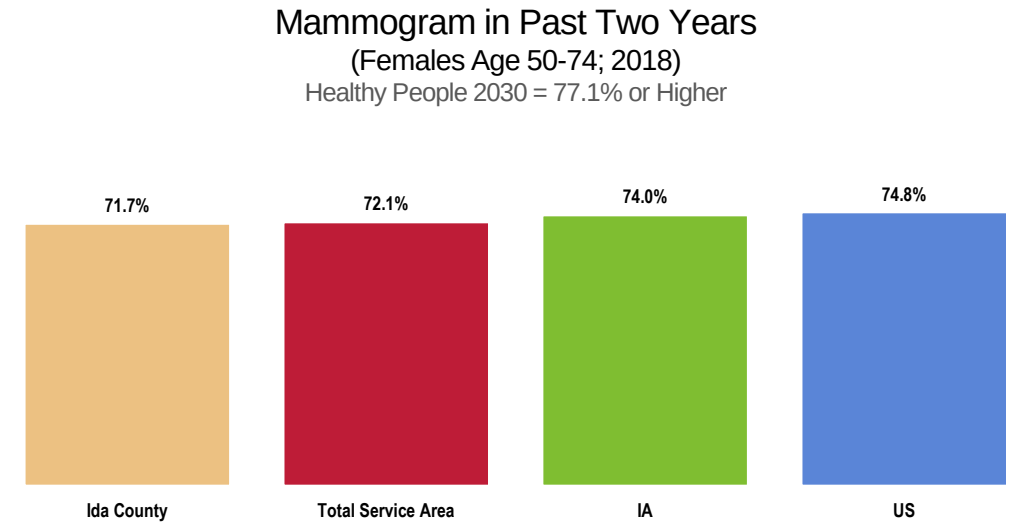
FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

The following indicator outlines the percentage of women (age 50 to 74) who have received a mammogram in the past two years. Mammography is important as a preventive behavior for early detection and treatment of health problems. Low screening levels can highlight a lack of access to preventive care, a lack of health knowledge, or other barriers.

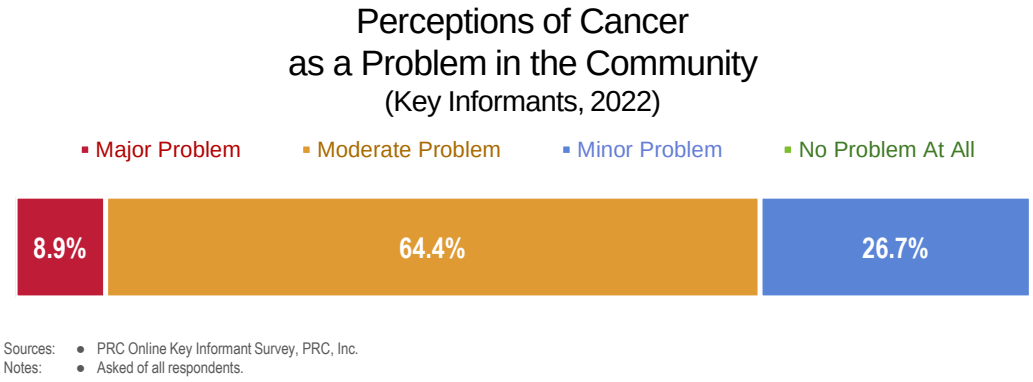


Sources:
- Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Notes:
- This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems.

Key Informant Input: Cancer

Key informants' perceptions of *Cancer* as a local health concern are outlined below.



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Prevalence/Incidence

> A large population we see in the hospital have a cancer diagnosis. – Other Health Care Provider
>
> Many people have cancer. – Community Leader
>
> There appear to be a large number of cases affecting all ages. Early detection may not be followed closely. – Community Leader

RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. …More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

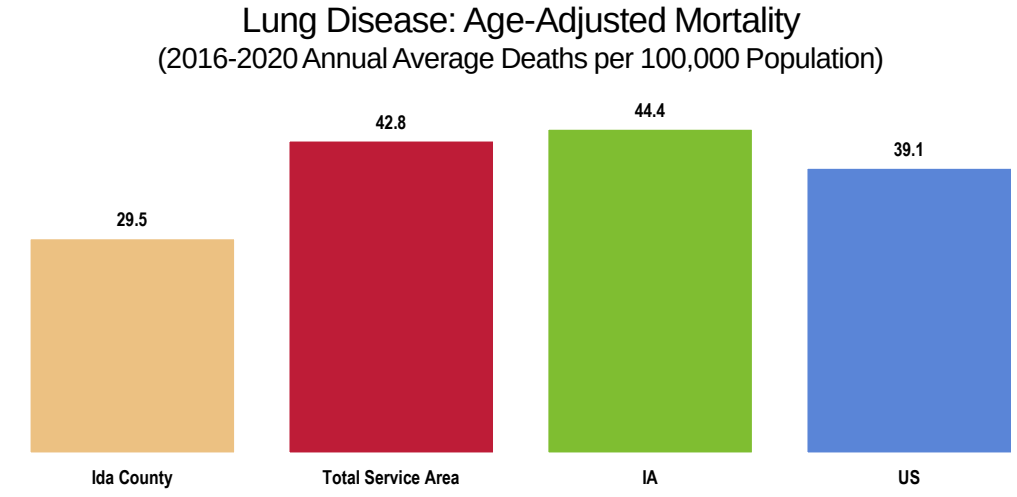
Interventions tailored to at-risk groups can also help prevent and treat other respiratory diseases — for example, pneumonia in older adults and pneumoconiosis in coal miners. And increasing lung cancer screening rates can help reduce deaths from lung cancer through early detection and treatment.

– Healthy People 2030 (https://health.gov/healthypeople)

Lung Disease Deaths (CLRD)

Note: Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

The mortality rate for lung disease in the Total Service Area is summarized below, in comparison with Iowa and national rates.



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).

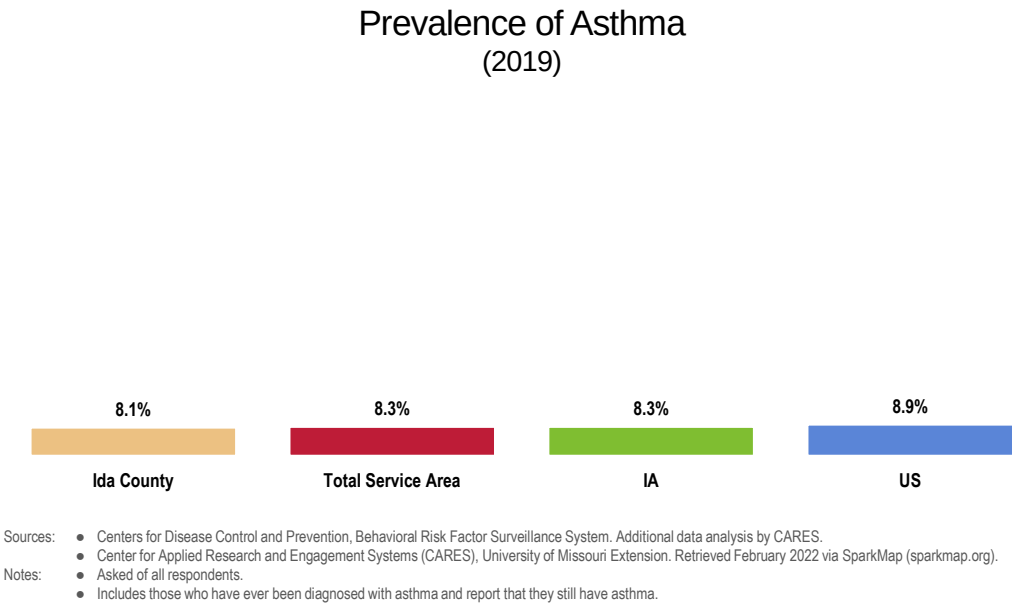
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- This indicator is relevant because lung disease is a leading cause of death in the United States.

Asthma Prevalence

The following chart shows the prevalence of asthma among Total Service Area adults.

The CDC Behavioral Risk Factor Survey asked respondents:

"Has a doctor, nurse, or other health professional ever told you that you had asthma?"

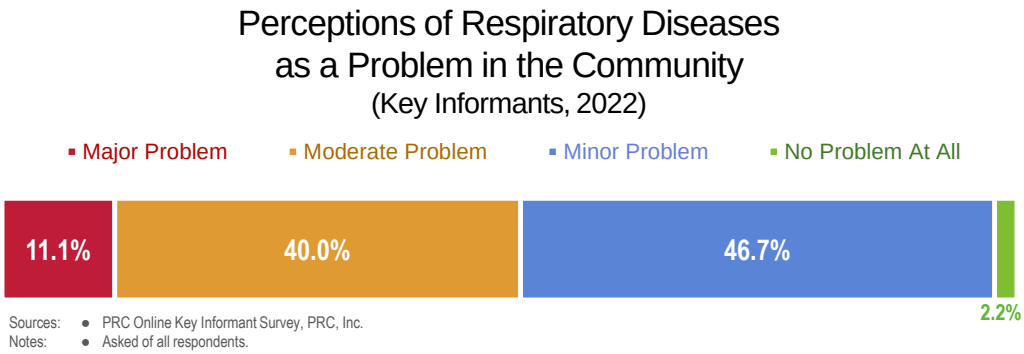


Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).

Notes:
- Asked of all respondents.
- Includes those who have ever been diagnosed with asthma and report that they still have asthma.

Key Informant Input: Respiratory Disease

The following outlines key informants' perceptions of *Respiratory Disease* in our community.



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

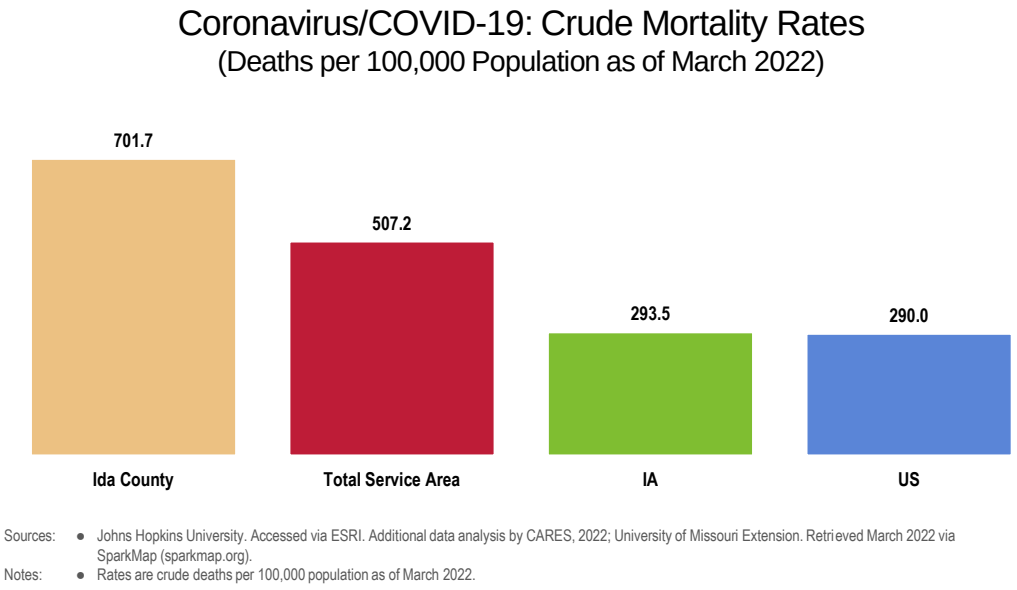
Among those rating this issue as a "major problem," reasons related to the following:

Contributing Factors

> The amount of prescriptions we fill for respiratory disease, the colder weather in this region, smoking. – Other Health Care Provider
>
> Decent proportion of community that still smokes. Many patients with COPD have passed away during my time at HMH. – Other Health Care Provider
>
> Lack of education, noncompliance, and unwillingness of patient to participate in their own care. Smoking. – Other Health Care Provider

Coronavirus/COVID-19 Deaths

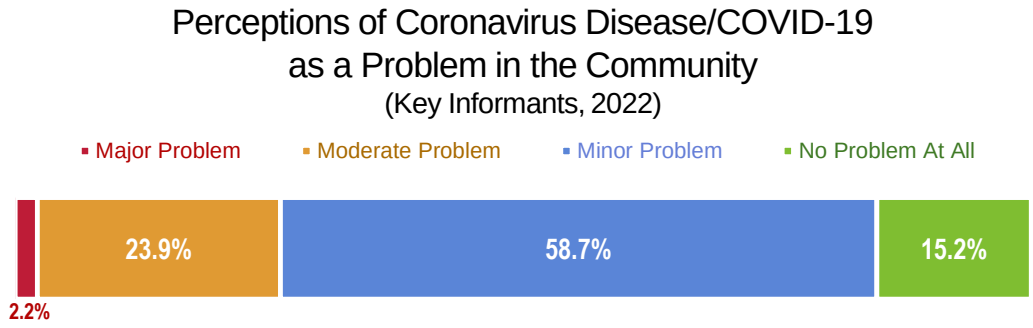
The crude mortality rate for coronavirus/COVID-19 in the Total Service Area as of March 2022 is illustrated below, in comparison with state and US figures.



Sources: ● Johns Hopkins University. Accessed via ESRI. Additional data analysis by CARES, 2022; University of Missouri Extension. Retrieved March 2022 via SparkMap (sparkmap.org).
Notes: ● Rates are crude deaths per 100,000 population as of March 2022.

Key Informant Input: Coronavirus Disease/COVID-19

Key informants' levels of concern about *Coronavirus Disease/COVID-19* in the Total Service Area is outlined below.



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Contributing Factors

> Lack of vaccinations, lack of education regarding Covid, lack of knowledge by community due to political stubbornness, pushback by community members who believe Covid should be treated in ways other than those recommended by FDA, CDC, WHO, IDSA. – Other Health Care Provider

INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. …Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. …Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

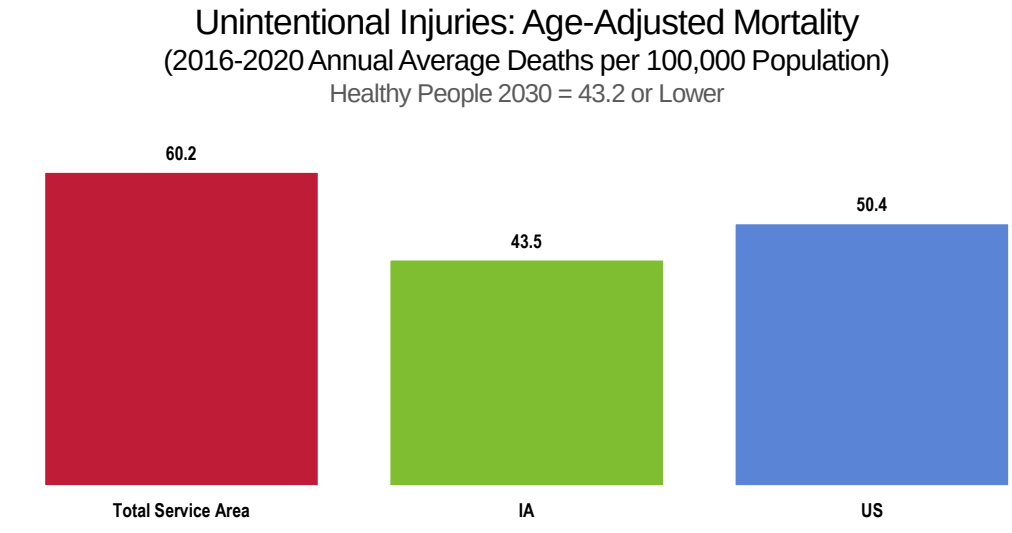
Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (https://health.gov/healthypeople)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Unintentional injury is a leading cause of death. The chart that follows illustrates unintentional injury death rates for the Total Service Area, Iowa, and the US.



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

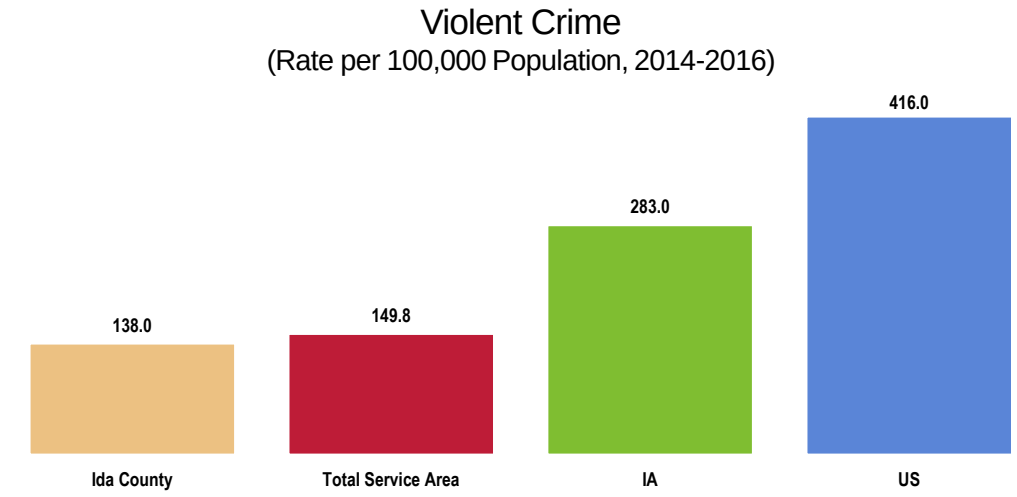
Intentional Injury (Violence)

Violent Crime Rate

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

The following chart shows the rate of violent crime per 100,000 population in the Total Service Area, Iowa, and the US.

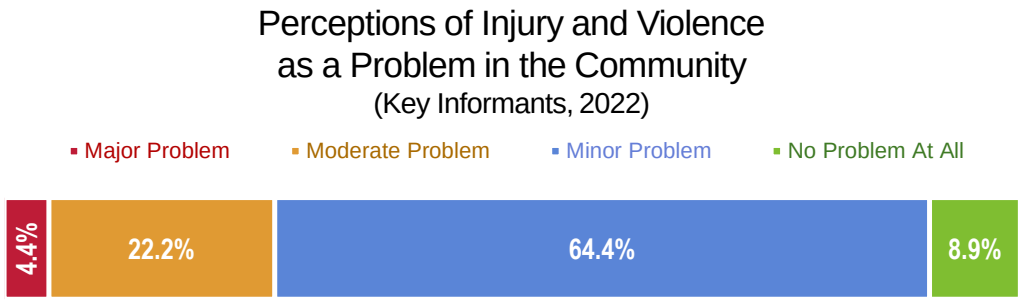


Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Key Informant Input: Injury & Violence

Key informants' perceptions of *Injury & Violence* in our community:



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

DIABETES

ABOUT DIABETES

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. …Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (https://health.gov/healthypeople)

Prevalence of Diabetes

Diabetes is a prevalent and long-lasting (chronic) health condition with a number of adverse health effects, and it may indicate an unhealthy lifestyle. The prevalence of diabetes among Total Service Area adults age 20 and older is outlined below, compared to state and national prevalence levels.

The CDC Behavioral Risk Factor Survey asked respondents:

"Has a doctor, nurse, or other health professional ever told you that you had diabetes?"

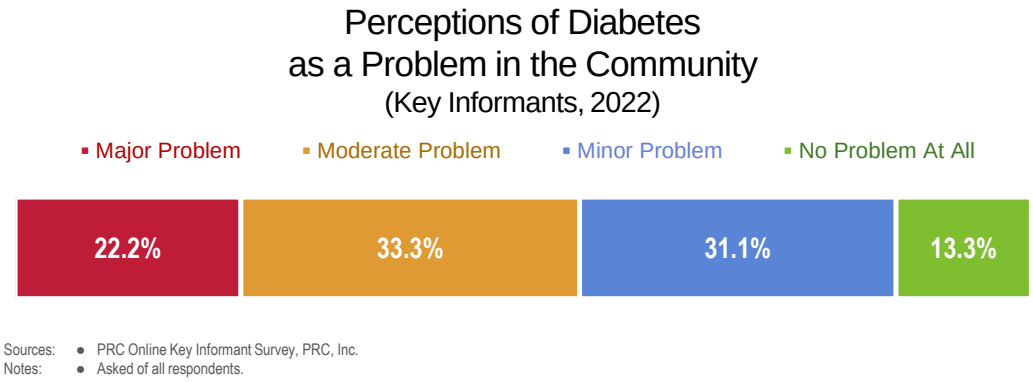
Prevalence of Diabetes
(Adults Age 20 and Older; 2019)

Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator is relevant because diabetes is a prevalent problem in the US; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Key Informant Input: Diabetes

The following are key informants' ratings of *Diabetes* as a health concern in the Total Service Area.



Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Affordable Medications/Supplies

> Payer issues. Medications costing too much for the patient, leading to decreased adherence and worse outcomes. – Other Health Care Provider
>
> Accessing affordable testing supplies and affordable healthy foods. – Other Health Care Provider
>
> Cost of medicines. – Community Leader

Contributing Factors

> I think we see employees of our company struggle with healthy eating habits, lack of exercise outside of work, much like our society as a whole. Access to fresh produce and products in small communities can impact this. – Community Leader
>
> Lack of education, noncompliance, and unwillingness of patient to participate in their own care. – Other Health Care Provider
>
> Receiving education about their diabetes and resources to help with diet and exercise. – Other Health Care Provider

Awareness/Education

> Diabetes education. – Other Health Care Provider
>
> Diet and exercise education and people following through with that education. – Other Health Care Provider

Prevalence/Incidence

> Statistics indicate diabetes is on the increase and I hear more people talking about being borderline or having diabetes. – Community Leader

KIDNEY DISEASE

ABOUT KIDNEY DISEASE

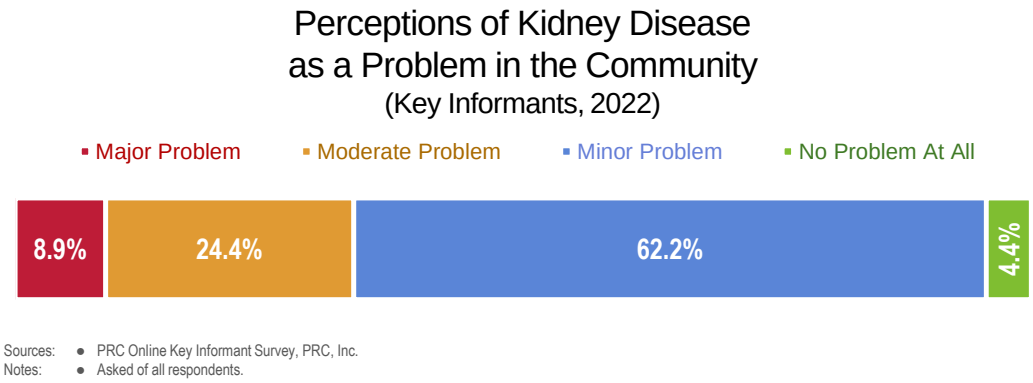
More than 1 in 7 adults in the United States may have chronic kidney disease (CKD), with higher rates in low-income and racial/ethnic minority groups. And most people with CKD don't know they have it. …People with CKD are more likely to have heart disease and stroke — and to die early. Managing risk factors like diabetes and high blood pressure can help prevent or delay CKD. Strategies to make sure more people with CKD are diagnosed early can help people get the treatment they need.

Recommended tests can help identify people with CKD to make sure they get treatments and education that may help prevent or delay kidney failure and end-stage kidney disease (ESKD). In addition, strategies to make sure more people with ESKD get kidney transplants can increase survival rates and improve quality of life.

– Healthy People 2030 (https://health.gov/healthypeople)

Key Informant Input: Kidney Disease

The following are the perceptions of *Kidney Disease* as a community health issue among key informants taking part in an online survey.



Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> Low access to local dialysis center. – Other Health Care Provider

Contributing Factors

> Lack of education, noncompliance, and unwillingness of patient to participate in their own care. – Other Health Care Provider

Prevalence/Incidence

> Solely based on the number of prescriptions we receive from the renal clinics nearby. – Other Health Care Provider

POTENTIALLY DISABLING CONDITIONS

Disability

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (https://health.gov/healthypeople)

The following represents the percentage of the total civilian, non-institutionalized population in the Total Service Area with a disability. This indicator is relevant because disabled individuals may comprise a vulnerable population that requires targeted services and outreach.

Disability data come from the US Census Bureau's American Community Survey (ACS), Survey of Income and Program Participation (SIPP), and Current Population Survey (CPS). All three surveys ask about six disability types: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent-living difficulty.

Respondents who report any one of the six disability types are considered to have a disability.

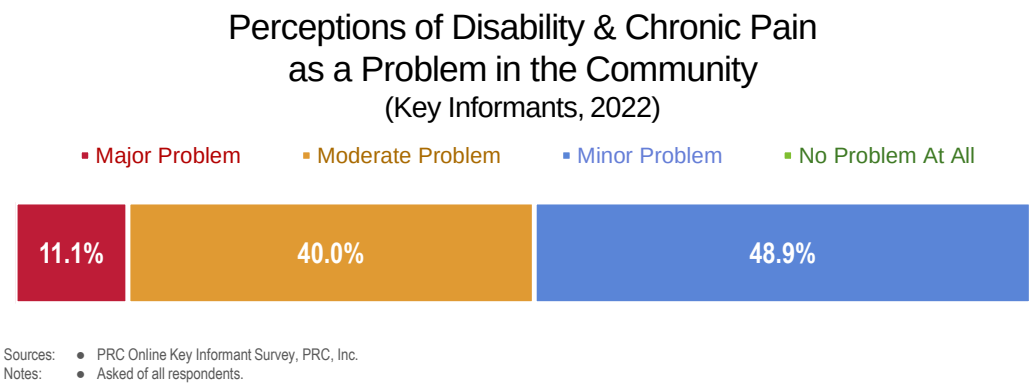
Population With Any Disability
(Total Civilian Non-Institutionalized Population; 2015-2019)

Sources:
- US Census Bureau, American Community Survey.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Key Informant Input: Disability & Chronic Pain

Key informants' perceptions of *Disability & Chronic Pain* are outlined below.



Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Contributing Factors

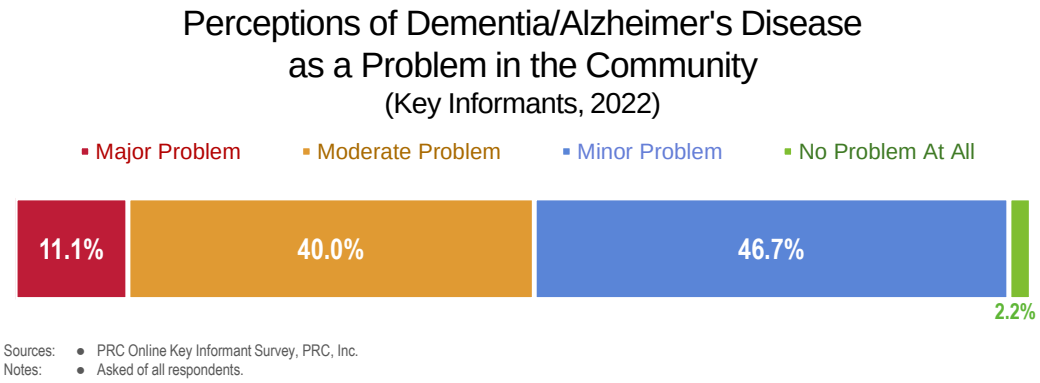
> The number of opioid and pain medication prescriptions we dispense at the pharmacy and the consultations we have with patients at the pharmacy seem to be growing every year. Access to pain specialists in the area is limited especially if patients cannot drive or are willing to go out of the county for consultations. Overprescribing of opioids in the area has been an issue when other pain modalities may be tried first. – Other Health Care Provider

Work Related

> Due to being a rural area, most work in factory or farming. Need to work to pay the bills. Ignore problems with their body until it becomes unbearable, leading to disability. – Other Health Care Provider

Key Informant Input: Dementia/Alzheimer's Disease

The following represents key informants' ratings of *Dementia/Alzheimer's Disease* as a community health concern.



Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Prevalence/Incidence

> Of the 800+ members of my congregation, 30+ are considered "shut-ins." Of those "shut-ins," at least 10 have some form of dementia of various degrees. – Community Leader
>
> I do not know the contributing factors, but we have enough cases that everyone knows someone affected or a family affected by this illness. – Community Leader

Diagnosis/Treatment

> My observation is that families are slow to seek a diagnosis and even slower to accept help. – Community Leader

BIRTHS

FAMILY PLANNING

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. …Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

– Healthy People 2030 (https://health.gov/healthypeople)

Births to Adolescent Mothers

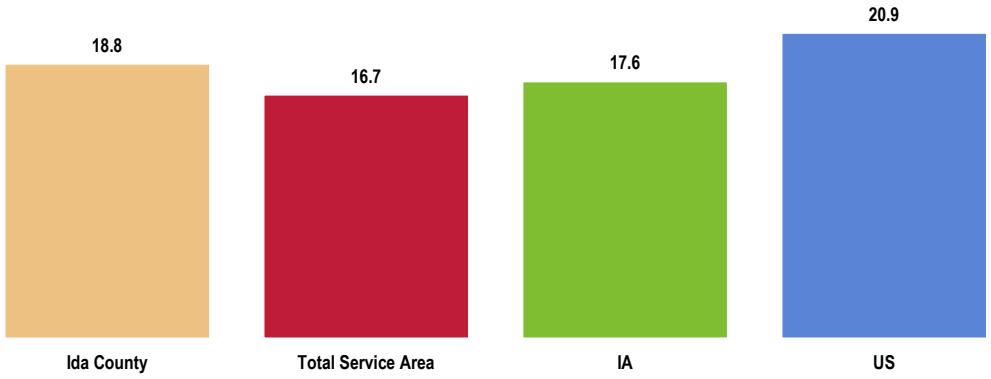
The following chart outlines the teen birth rate in the Total Service Area, compared to rates statewide and nationally. In many cases, teen parents have unique health and social needs. High rates of teen pregnancy might also indicate a prevalence of unsafe sexual behavior.

Here, teen births include births to women ages 15 to 19 years old, expressed as a rate per 1,000 female population in this age cohort.

Teen Birth Rate

(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2013-2019)

Healthy People 2030 = 5.0 or Lower

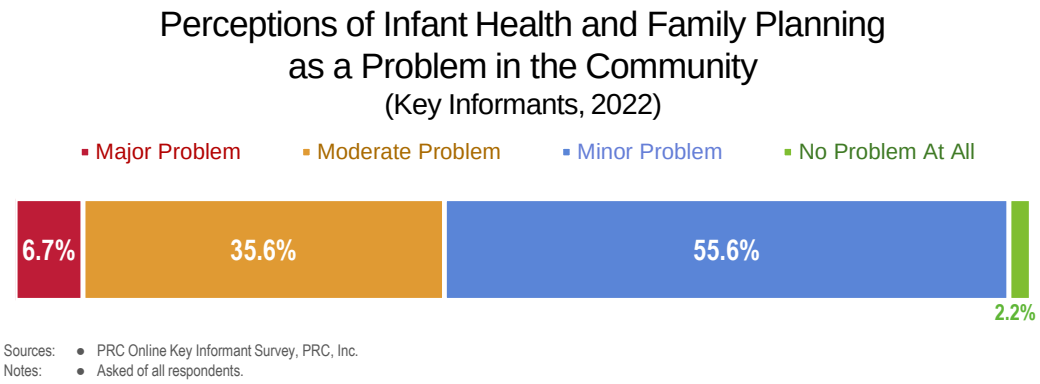


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Notes:
- This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Infant Health & Family Planning

Key informants' perceptions of *Infant Health & Family Planning* as a community health issue are outlined below.



Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> No access. – Other Health Care Provider

MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. …People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

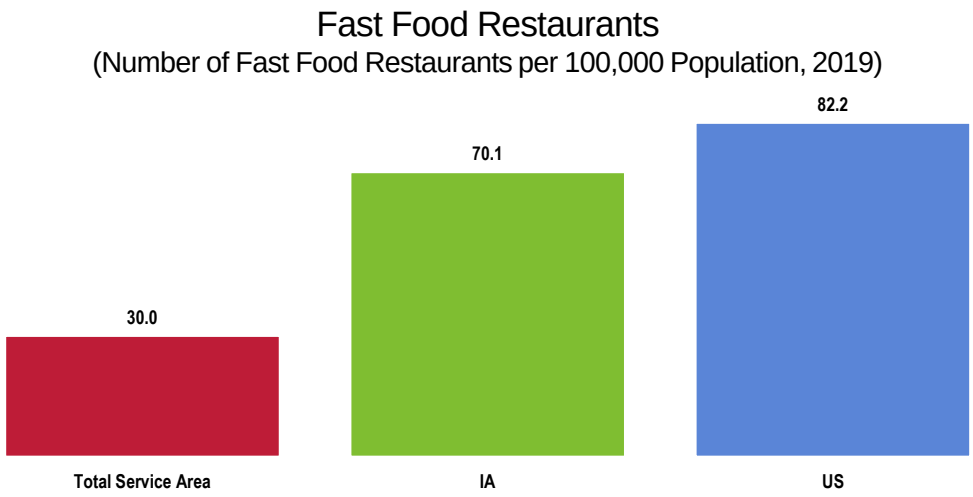
Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– Healthy People 2030 (https://health.gov/healthypeople)

Food Environment: Fast Food

Here, fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating.

The following shows the number of fast food restaurants in the Total Service Area, expressed as a rate per 100,000 residents. This indicator provides a measure of healthy food access and environmental influences on nutrition.



Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

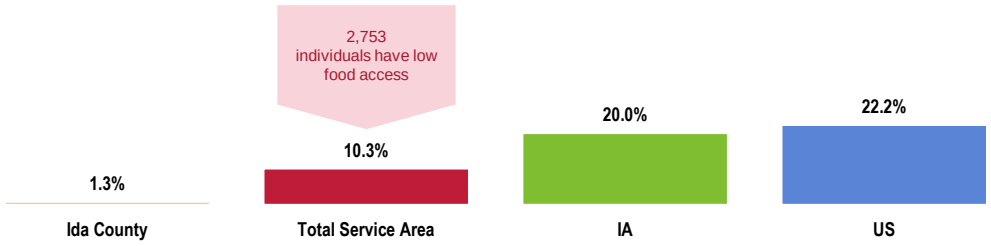
Access to Healthful Food

Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store.

The following chart shows US Department of Agriculture data determining the percentage of Total Service Area residents found to have low food access, meaning that they do not live near a supermarket or large grocery store.

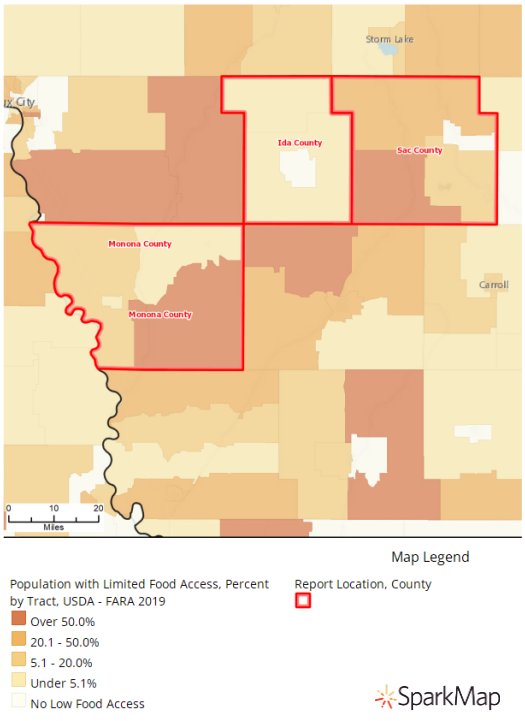
Population With Low Food Access

(Percent of Population Far From a Supermarket or Large Grocery Store, 2019)



Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.



PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (https://health.gov/healthypeople)

Leisure-Time Physical Activity

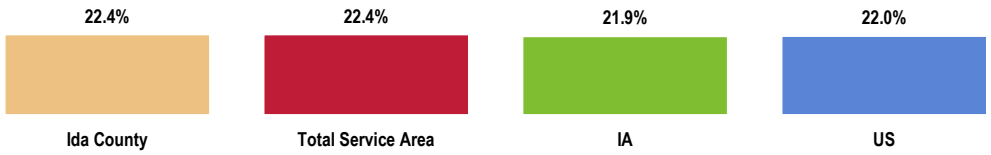
Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

Below is the percentage of Total Service Area adults age 20 and older who report no leisure-time physical activity in the past month. This measure is important as an indicator of risk for significant health issues such as obesity or poor cardiovascular health.

No Leisure-Time Physical Activity in the Past Month

(Adults Age 20+, 2019)

Healthy People 2030 = 21.2% or Lower



Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Notes:
- This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (https://health.gov/healthypeople)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

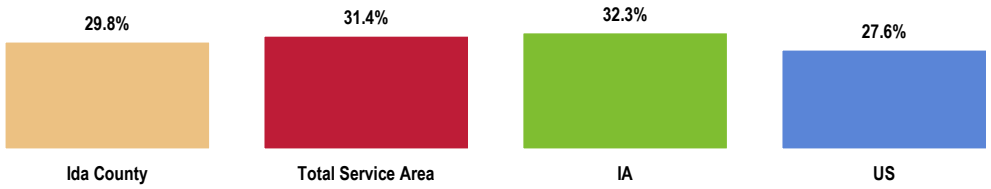
Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Obesity

"Obese" includes respondents with a BMI value ≥30.0.

Outlined below is the percentage of Total Service Area adults age 20 and older who are obese, indicating that they might lead an unhealthy lifestyle and be at risk for adverse health issues.

Prevalence of Obesity
(Adults Age 20+ With a Body Mass Index ≥ 30.0, 2019)
Healthy People 2030 = 36.0% or Lower



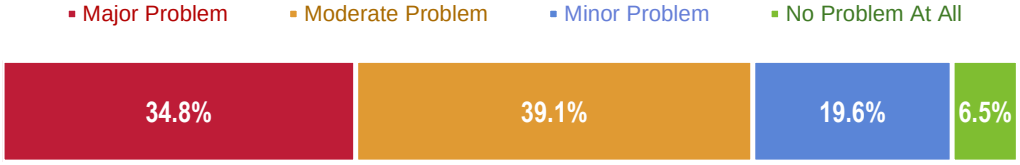
Sources:
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Notes:
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.
- This indicator is relevant because excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Key Informant Input:
Nutrition, Physical Activity & Weight

Key informants' ratings of *Nutrition, Physical Activity & Weight* as a community health issue are illustrated below.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community
(Key Informants, 2022)



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Contributing Factors

> According to the CDC, poor nutrition and inadequate physical activity are significant risk factors for obesity and other chronic diseases, such as type 2 diabetes, heart disease, stroke, certain cancers, and depression. Fewer than 1 in 10 children and adults eat the recommended daily amount of vegetables. The Office of Disease Prevention and Health Promotion states approximately 1 in 3 adults (34.0%) and 1 in 6 children and adolescents (16.2%) are obese. Some barriers are willingness to adopt new habits, cost and lack of support from friends and family. – Public Health Provider
>
> Poor diet and exercise habits in community. – Other Health Care Provider
>
> Lack of utilizing healthy nutrition and best exercise practices. – Community Leader
>
> Senior meals come from Omaha, no local organization or congregate meals. A large portion of population is obese, no support groups such as Weight Watchers, etc. since Covid. – Other Health Care Provider
>
> More people are overweight and physical activity, even among small children, have suffered with more and more use of social media. Parents are allowing and providing the means for too many hours of sitting in front of a screen for many reasons. – Community Leader
>
> Increased number of lay people providing health information and promoting fad diets, limited access to affordable healthy foods such as fruits, vegetables, and whole grains year-round, limited access to physical activity opportunities, particularly in the colder months. – Other Health Care Provider
>
> Lack of fresh produce and other nutritional foods. Lack of outreach by hospital and local rec center to help be proactive in the community's health and wellness needs. – Community Leader
>
> Community resources, cost. – Community Leader
>
> Lack of education, noncompliance, and unwillingness of patient to participate in their own care. – Other Health Care Provider
>
> Location in the Midwest in general can be a barrier as people are less likely to be active in the winter months. Fear of being seen in the gym is a barrier to physical activity. There are not a lot of dietary resources in the area either. – Other Health Care Provider

Obesity

> Large overweight population. – Other Health Care Provider
>
> We're broadly obese, but even citizens who qualify as obese on BMI charts may be perceived as "thin," so the health concerns are ignored in favor of societal perception or appearance. – Community Leader

Access to Affordable Healthy Food

> The cost of healthier food options, cost more than poor food choices. Plus, people want the quick fix. – Community Leader

SUBSTANCE ABUSE

ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. …Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (https://health.gov/healthypeople)

Excessive Alcohol Use

Excessive drinking includes heavy and/or binge drinkers:

- HEAVY DRINKERS ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- BINGE DRINKERS ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

The following illustrates the prevalence of excessive drinkers in the Total Service Area, as well as statewide and nationally. Excessive drinking is linked to significant health issues, such as cirrhosis, certain cancers, and untreated mental/behavioral health issues.

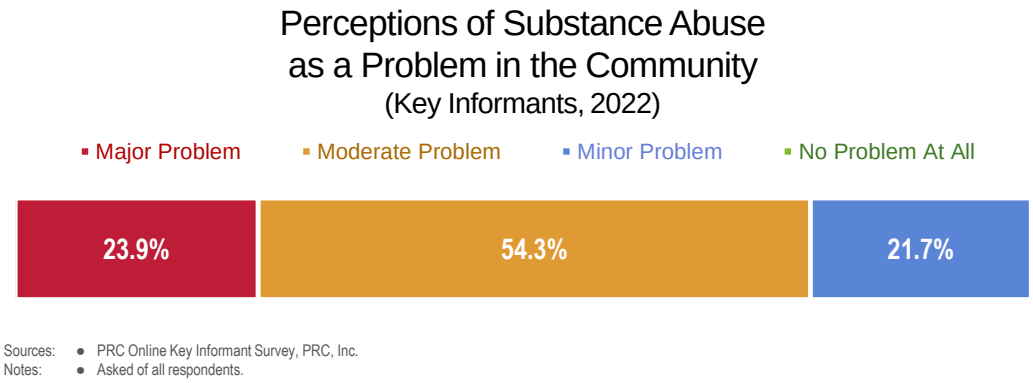
Excessive Drinkers
(2018)

Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

Key Informant Input: Substance Abuse

Note the following perceptions regarding *Substance Abuse* in the community among key informants taking part in an online survey.



Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> Limited resource. – Social Services Provider
>
> No treatment centers nearby. Limited access to mental health care. – Other Health Care Provider
>
> Lack of mental health care. – Other Health Care Provider
>
> I'm not sure many with a problem are seeking help, but again, there are only limited treatment resources in our community. – Community Leader

Contributing Factors

> Treatment services, lack of penalty for offenders, turning a blind eye. – Community Leader
>
> Stigma and quality resources. – Community Leader
>
> Patients being in denial, the closest treatment facilities are an hour away. – Other Health Care Provider

Alcohol/Drug Use

> High level of meth abuse in the area. – Other Health Care Provider

Social Norms/Community Attitude

> People don't see substance abuse as a problem, it's celebrated. – Community Leader

Most Problematic Substances

Note below which substances key informants (who rated this as a “major problem”) identified as causing the most problems in the Total Service Area.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Abuse as a “Major Problem”)	
ALCOHOL	54.5%
METHAMPHETAMINE OR OTHER AMPHETAMINES	36.4%
MARIJUANA	9.1%

TOBACCO USE

ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– Healthy People 2030 (https://health.gov/healthypeople)

Cigarette Smoking Prevalence

Tobacco use is linked to the two major leading causes of death: cancer and cardiovascular disease. Note below the prevalence of cigarette smoking in our community.

The CDC Behavioral Risk Factor Surveillance Survey asked respondents:

"Do you now smoke cigarettes every day, some days, or not at all?"

"Current smokers" are defined as those who smoke every day or on some days.

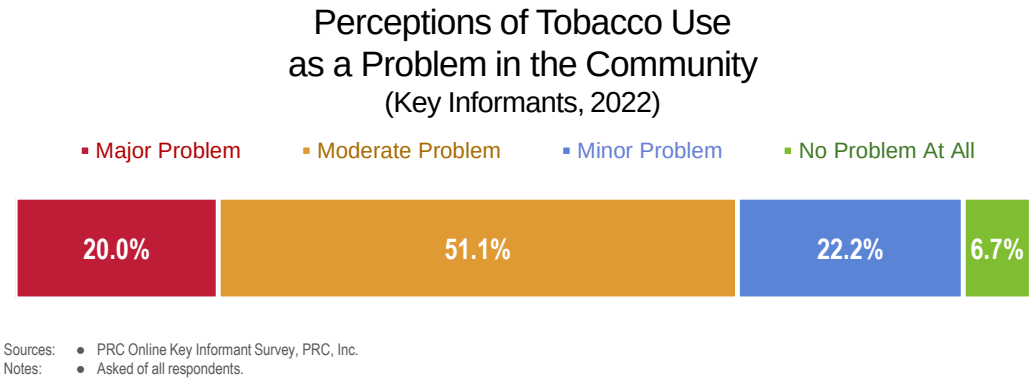
Current Smokers
(2019)
Healthy People 2030 = 5.0% or Lower

Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Notes:
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).
- This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

Key Informant Input: Tobacco Use

Below are key informants' ratings of *Tobacco Use* as a community health concern.



Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Prevalence/Incidence

> High proportion of smokers in community. – Other Health Care Provider
>
> There seems to be a lot of smokers/vapers. There are a ton of high school students that vape. It is easy to access. – Community Leader
>
> It seems that a large number of people smoke. – Community Leader

Lack of Activities

> Lack of other activities in rural areas leads people to bars, etc. where alcohol and tobacco become a problem. – Other Health Care Provider

SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

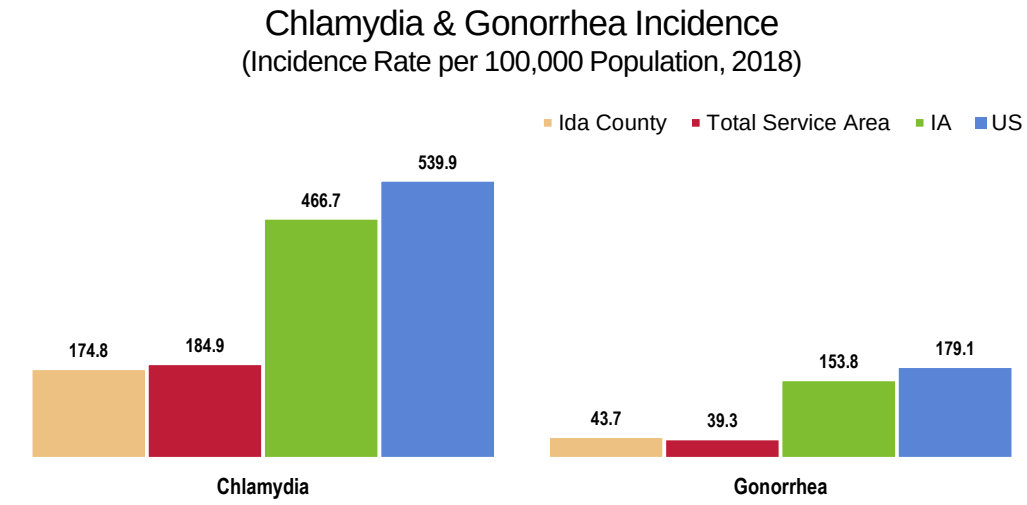
Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

– Healthy People 2030 (https://health.gov/healthypeople)

Sexually Transmitted Infections (STIs)

Chlamydia & Gonorrhea

Chlamydia and gonorrhea are reportable health conditions that might indicate unsafe sexual practices in the community. Incidence rates for these sexually transmitted diseases are shown in the following chart.

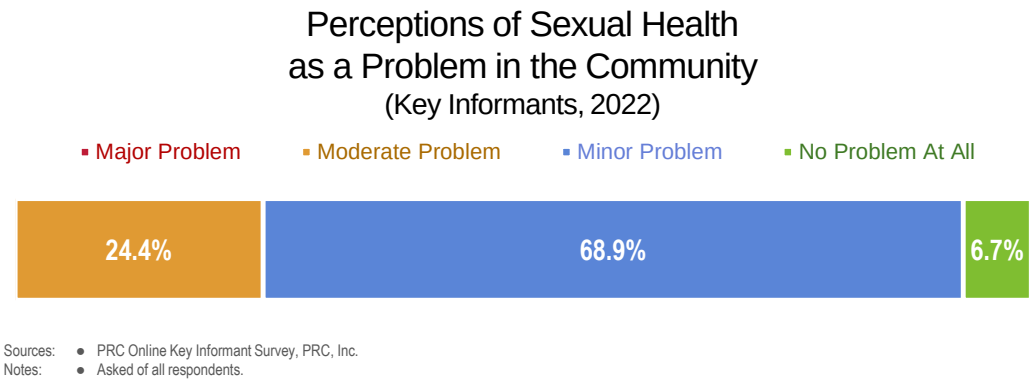


Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).

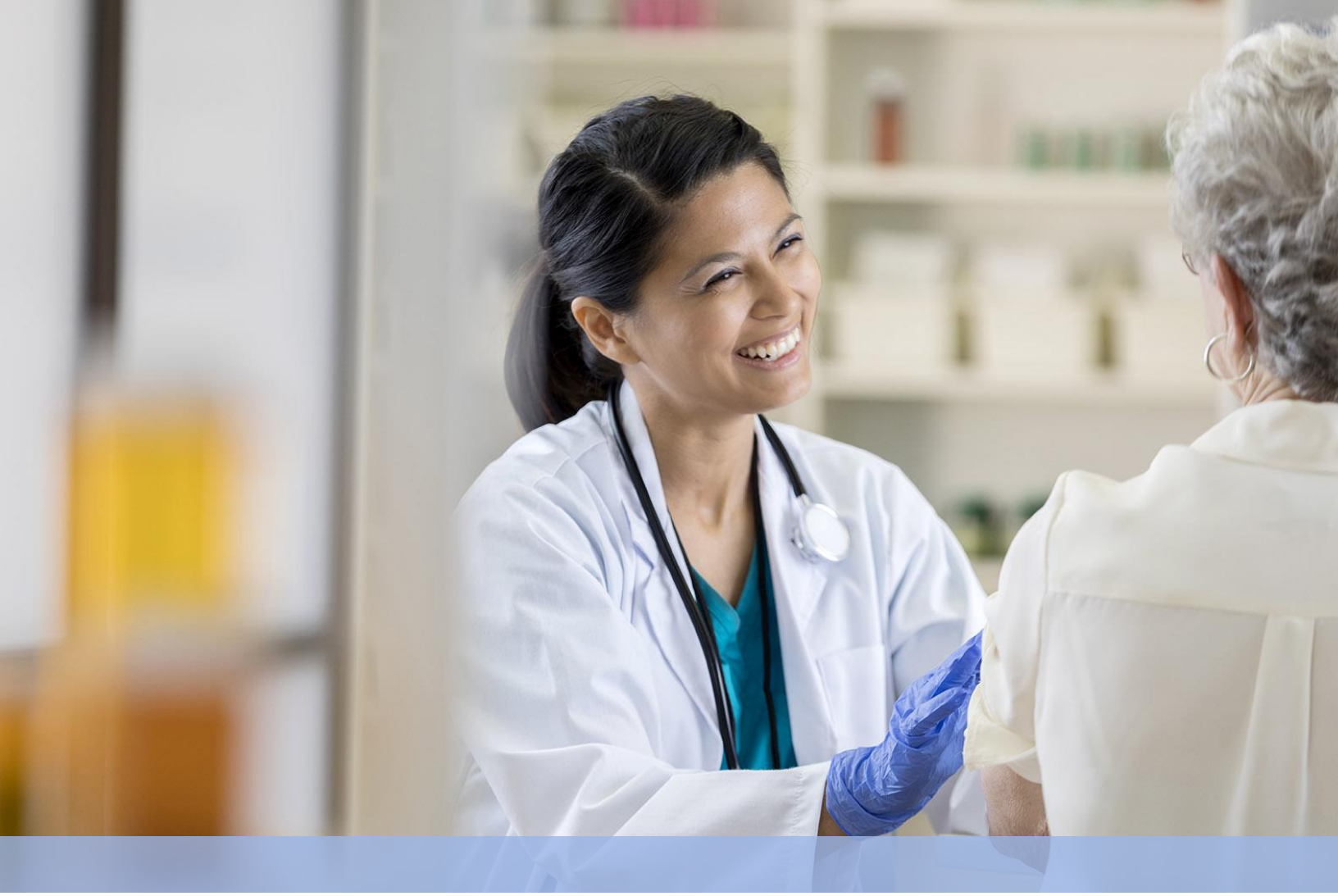
Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexual Health

Key informants' ratings of *Sexual Health* as a community health concern are shown in the following chart.



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.



ACCESS TO HEALTH CARE

BARRIERS TO HEALTH CARE ACCESS

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. …About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

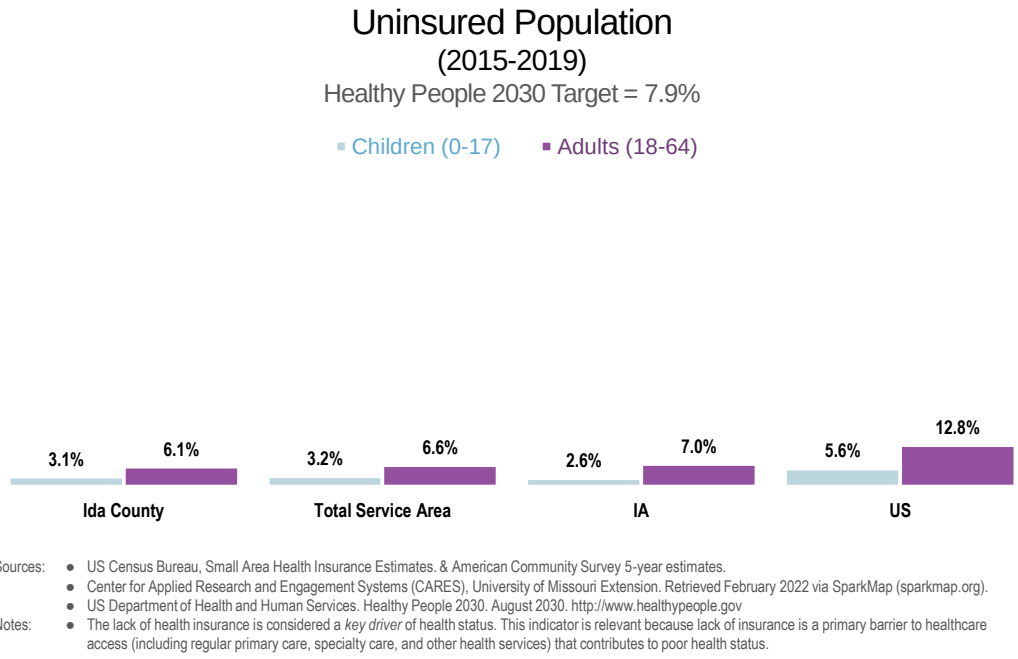
Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Health insurance coverage is a critical component of health care access and a key driver of health status. The following chart shows the latest figures for the prevalence of uninsured adults (age 18 to 64 years) in the Total Service Area.

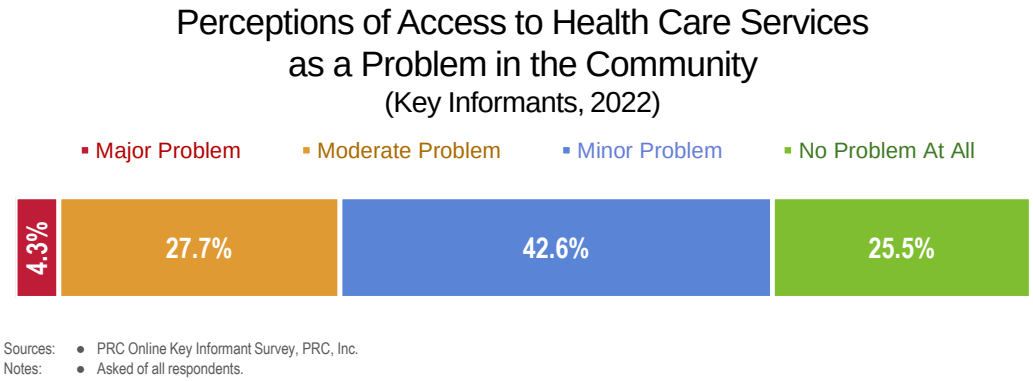


Sources:
- US Census Bureau, Small Area Health Insurance Estimates. & American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Notes:
- The lack of health insurance is considered a *key driver* of health status. This indicator is relevant because lack of insurance is a primary barrier to healthcare access (including regular primary care, specialty care, and other health services) that contributes to poor health status.

Key Informant Input: Access to Health Care Services

Key informants' ratings of *Access to Health Care Services* as a problem in the Total Service Area is outlined below.



Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Diagnosis/Treatment

> Quality of care and accountable standards of competency. Many patients' perceptions are that they are receiving quality care but when compared to other health care professionals the standards of that care are lacking. Patients evaluate their experience with a provider rather than the actual treatment received so they are led to believe the provider is competent because "she was nice" or "he's got good bedside manner." – Community Leader

Contributing Factors

> According to a local 2019 survey, the most common reasons for not utilizing colon cancer screening are cost, bowel preparation, embarrassment and fear of results. – Public Health Provider

PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

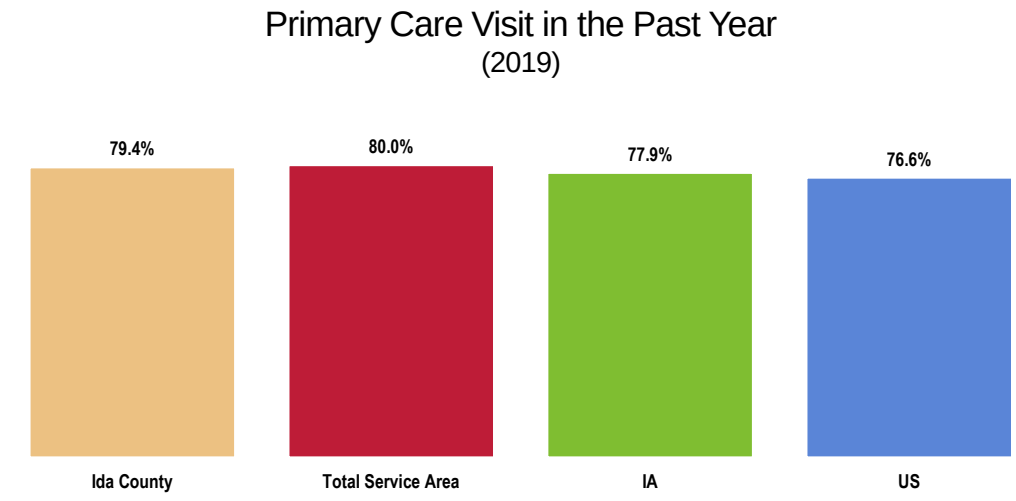
Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– Healthy People 2030 (https://health.gov/healthypeople)

Primary Care Visits

The following chart reports the percentage of Total Service Area adults who have had at least one visit to a doctor for a routine checkup in the past year.



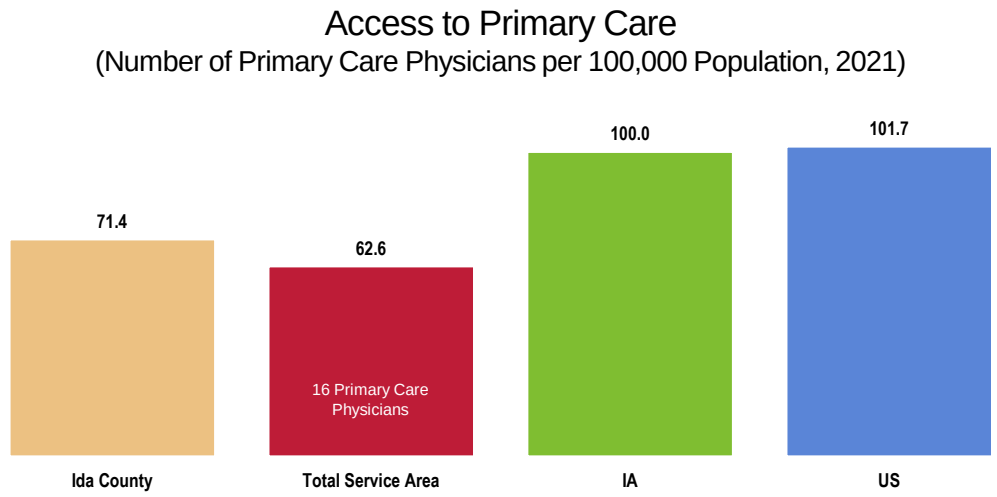
Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the number and percentage of adults age 18 and older with one or more visits to a doctor for routine checkup within the past one year.

Access to Primary Care

Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

The following indicator outlines the number of primary care physicians per 100,000 population in the Total Service Area. Having adequate primary care practitioners contributes to access to preventive care.



Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).

Notes:
- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

ORAL HEALTH

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. …Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

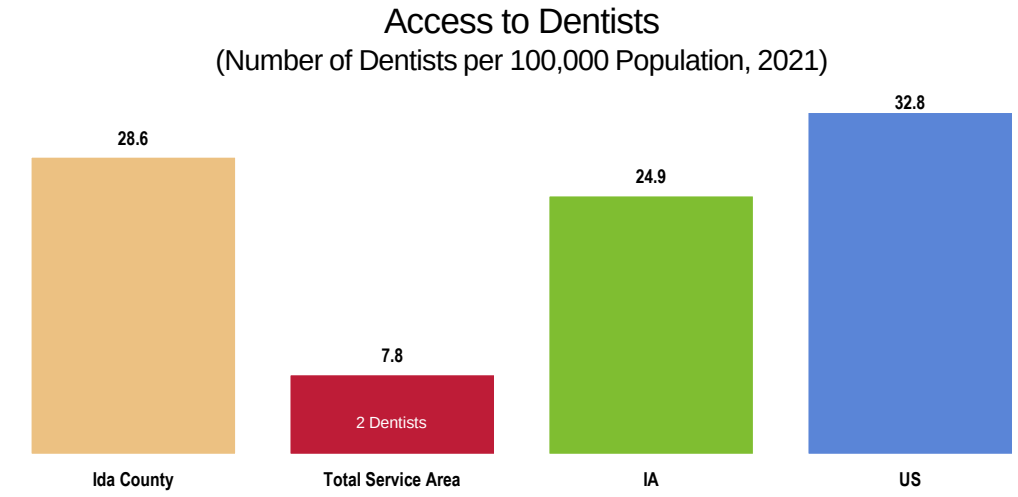
Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (https://health.gov/healthypeople)

Access to Dentists

This indicator includes all dentists — qualified as having a doctorate in dental surgery (DDS) or dental medicine (DMD), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

The following chart outlines the number of dentists for every 100,000 residents in the Total Service Area.

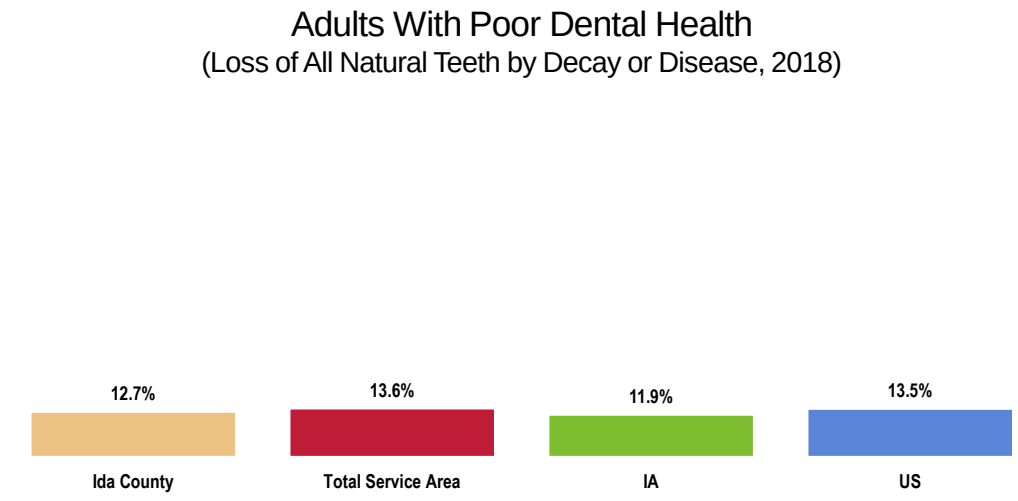


Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists – qualified as having a doctorate in dental surgery (DDS) or dental medicine (DMD), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

Poor Dental Health

The following chart shows the percentage of Total Service Area adults age 18 and older who have had six or more of their permanent teeth removed due to tooth decay, gum disease, or infection. This indicator can signify a lack of access to dental care and/or other barriers to the use of dental services.

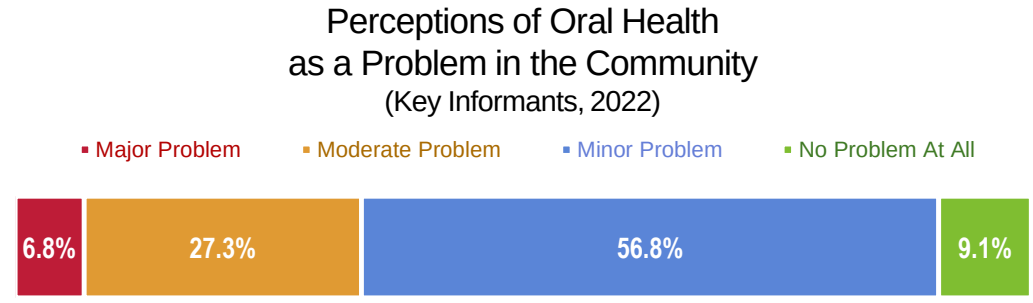


Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of adults age 18 and older who self-report that all of their permanent teeth have been removed due to tooth decay, gum disease, or infection. This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services.

Key Informant Input: Oral Health

Key informants' perceptions of *Oral Health* are outlined below.



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Insurance Issues

> Dentists not accepting Medicaid patients. Insurance is a huge barrier for patients. Not requiring health insurances to cover dental. – Other Health Care Provider

Nutrition

> Poor or failing teeth caused by excessive sugar intake. – Community Leader

LOCAL RESOURCES

RESOURCES AVAILABLE TO ADDRESS THE SIGNIFICANT HEALTH NEEDS

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- Community Resource Directory
- Holstein Taxi
- Preventative Cancer Services

Cancer

- Burgess Hospital
- Cancer Care Units
- Doctor's Offices
- Horn Memorial Home Health and Hospice
- Horn Memorial Hospital
- Horn Physicians Clinic
- Loring Hospital

Coronavirus Disease/COVID-19

- Crawford County Hospital
- Horn Memorial Hospital

Dementia/Alzheimer's Disease

- Alzheimer's Association
- Assisted Living/Nursing Homes
- Cherokee Medical Clinic
- Doctor's Offices
- Good Samaritan Nursing Home
- Holstein Dentist
- Holstein Senior Living
- New Horn Clinic
- News Media
- Plains Area Mental Health

Diabetes

- Cornerstones4Care via Novo Nordisk
- Diabetic Education
- Doctor's Offices
- Farmer's Markets
- Food Pride
- Holstein Medical Clinic
- Horn Memorial Clinic Holstein
- Horn Memorial Hospital
- Horn Physicians Clinic
- Hospitals
- News Media
- Pharmacies

Disability & Chronic Pain

- Cherokee Medical Clinic
- Horn Memorial Clinic Holstein
- Horn Memorial Clinic Ida Grove
- Horn Memorial Hospital
- Pain Clinics
- Pharmacies

Heart Disease & Stroke

- Burgess Hospital
- Cardiac Rehab
- Community Clinic
- Doctor's Offices
- Farmer's Markets
- Horn Memorial Hospital
- Horn Physicians Clinic
- Hospitals
- Pharmacies
- Public Health
- School System
- Specialty Clinic

Infant Health & Family Planning

- Community Clinic
- Specialty Clinic

Kidney Disease

- Pharmacies
- Renal Associates Clinic

Mental Health

- Burgess Mental Health
- Cherokee Mental Health
- Doctor's Offices
- Horn Memorial Hospital
- Hospitals
- Local Health Care Facilities
- Lutheran Family Services
- Mental Health Associates
- Mental Health Services
- Pharmacies
- Plains Area
- Plains Area Mental Health
- School System
- Siouxland Mental Health
- St. Anthony Mental Health
- Suicide Prevention Hotline
- Support Groups
- Telepsych

Nutrition, Physical Activity, & Weight

- Community Basket
- Connections - Area on Aging
- Farmer's Markets
- Grocery Stores
- Horn Memorial Hospital
- Hy-Vee
- Ida Grove Rec Center
- Mapleton Medical Gym
- MOG
- News Media
- Parks and Recreation
- Pharmacies
- Publication of Studies
- School System

Oral Health

- Dentist's Offices
- School System

Respiratory Disease

- Horn Memorial Hospital
- Pharmacies

Substance Abuse

- 12-Step Programs
- Horn Memorial Hospital
- Inpatient and Outpatient Rehab Services
- Jackson Recovery
- Plains Area Mental Health
- Substance Abuse Counselors

Tobacco Use

- Horn Memorial Hospital
- Iowa Quitline
- Pharmacies

APPENDICES

SUMMARY OF IDA COUNTY FINDINGS

The following tables provide an overview of indicators in Ida County, grouped by health topic.

SOCIAL DETERMINANTS	Ida County	IDA COUNTY vs. BENCHMARKS vs. IA	vs. US	vs. HP2030
Population in Poverty (%)	9.6	11.5	13.4	8.0
Children in Poverty (%)	6.0	13.8	18.5	8.0
Housing Exceeds 30% of Income	11.8	22.9	30.9	
No High School Diploma (% Age 25+)	6.8	7.9	12.0	
Linguistically Isolated Population (%)	0.1	2.1	4.3	
		better	similar	worse

OVERALL HEALTH	Ida County	IDA COUNTY vs. BENCHMARKS vs. IA	vs. US	vs. HP2030
"Fair/Poor" Overall Health (%)	15.8	15.2	18.6	
		better	similar	worse

ACCESS TO HEALTH CARE	Ida County	IDA COUNTY vs. BENCHMARKS		
		vs. IA	vs. US	vs. HP2030
Uninsured (% Adults 18-64)	6.1	7.0	12.8	7.9
Uninsured (% Children 0-17)	3.1	2.6	5.6	7.9
Recent Primary Care Visit (%)	79.4	77.9	76.6	
Primary Care Doctors per 100,000	71.4	100.0	101.7	
		better	similar	worse

CANCER	Ida County	IDA COUNTY vs. BENCHMARKS		
		vs. IA	vs. US	vs. HP2030
Cancer (Age-Adjusted Death Rate)	188.1	154.3	149.4	122.7
Prostate Cancer Incidence Rate	168.4	112.1	106.2	
Female Breast Cancer Incidence Rate	88.0	132.6	126.8	
Lung Cancer Incidence Rate	72.4	62.6	57.3	
Colorectal Cancer Incidence Rate	36.2	43.2	38.0	
Cancer Incidence Rate (All Sites)	493.5	484.1	448.6	
Mammogram in Past 2 Years (% Women 50-74)	71.7	74.0	74.8	
		better	similar	worse

DIABETES	Ida County	IDA COUNTY vs. BENCHMARKS		
		vs. IA	vs. US	vs. HP2030
Diabetes Prevalence (%)	6.6	7.2	7.5	
		better	similar	worse

HEART DISEASE & STROKE	Ida County	IDA COUNTY vs. BENCHMARKS		
		vs. IA	vs. US	vs. HP2030
Coronary Heart Disease (Age-Adjusted Death Rate)	117.2	102.3	91.5	90.9
High Blood Pressure Prevalence (%)	34.7	32.0	32.6	27.7
		better	similar	worse

INFANT HEALTH & FAMILY PLANNING	Ida County	IDA COUNTY vs. BENCHMARKS		
		vs. IA	vs. US	vs. HP2030
Births to Adolescents Age 15 to 19 (Rate per 1,000)	18.8	17.6	20.9	31.4
		better	similar	worse

INJURY & VIOLENCE	Ida County	IDA COUNTY vs. BENCHMARKS		
		vs. IA	vs. US	vs. HP2030
Violent Crime Rate	138.0	283.0	416.0	
		better	similar	worse

MENTAL HEALTH	Ida County	IDA COUNTY vs. BENCHMARKS		
		vs. IA	vs. US	vs. HP2030
Mental Health Providers per 100,000	14.3	101.5	121.3	
		better	similar	worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Ida County	IDA COUNTY vs. BENCHMARKS		
		vs. IA	vs. US	vs. HP2030
Population With Low Food Access (%)	1.3	20.0	22.2	
No Leisure-Time Physical Activity (%)	22.4	21.9	22.0	21.2
Obese (%)	29.8	32.3	27.6	36.0
		better	similar	worse

ORAL HEALTH	Ida County	IDA COUNTY vs. BENCHMARKS		
		vs. IA	vs. US	vs. HP2030
Dentists per 100,000	28.6	24.9	32.8	
Poor Dental Health (%)	12.7	11.9	13.5	
		better	similar	worse

POTENTIALLY DISABLING CONDITIONS	Ida County	IDA COUNTY vs. BENCHMARKS		
		vs. IA	vs. US	vs. HP2030
Disability Prevalence (%)	13.0	11.7	12.6	
		better	similar	worse

RESPIRATORY DISEASE	Ida County	IDA COUNTY vs. BENCHMARKS		
		vs. IA	vs. US	vs. HP2030
Lung Disease (Age-Adjusted Death Rate)	29.5	44.4	39.1	
Coronavirus/COVID-19 Deaths (Crude Death Rate)	701.7	293.5	290.0	
Asthma Prevalence (%)	8.3	8.3	8.9	
		better	similar	worse

SEXUAL HEALTH	Ida County	IDA COUNTY vs. BENCHMARKS		
		vs. IA	vs. US	vs. HP2030
Chlamydia Incidence Rate	174.8	466.7	539.9	
Gonorrhea Incidence Rate	43.7	153.8	179.1	
		better	similar	worse

SUBSTANCE ABUSE	Ida County	IDA COUNTY vs. BENCHMARKS		
		vs. IA	vs. US	vs. HP2030
Excessive Drinker (%)	24.8	25.8	19.2	
		better	similar	worse

TOBACCO USE	Ida County	IDA COUNTY vs. BENCHMARKS		
		vs. IA	vs. US	vs. HP2030
Current Smoker (%)	17.4	16.9	15.3	5.0
		better	similar	worse

EVALUATION OF PAST ACTIVITIES

Horn Memorial Hospital conducted its last CHNA in 2019 and reviewed the health priorities identified through that assessment. Taking into account the top-identified needs — as well as hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — it was determined at that time that Horn Memorial Hospital would focus on developing and/or supporting strategies and initiatives to improve:

- Mental Health
- Nutrition, Physical Activity & Weight
- Cancer
- Access to Healthcare Services

Strategies for addressing these needs were outlined in Horn Memorial Hospital's Implementation Strategy. Pursuant to IRS requirements, the following sections provide an evaluation of the impact of the actions taken by Horn Memorial Hospital to address these significant health needs in our community.

Mental Health:

Goal: Increase awareness and access to mental health resources in our community.

Strategy #1: Research ways to establish mental health providers in our clinics.

Strategy #2: Continue to promote and refer to local existing mental health services, facilities and Plains Area.

Plains Area hosted an educational session on youth mental health. Plains Area purchased a larger building in the community to expand their services and continues to be an option for referral. Horn Memorial Hospital continues to utilize Telehealth services for mental health patients. Patients are screened with the PHQ-9 tool in Cardiac\Pulmonary Rehab and in the HPC clinics. The Clinic Director researched the possibility of a mental health provider joining the clinic staff, but this has not currently been implemented. Suicide education was provided for all staff and mental health education was provided to the community, posted in local newspapers and on Facebook.

Nutrition, Physical Activity & Weight:

Goal: Identify and manage Obesity, Diabetes and Heart Disease.

Strategy #1: Continue to develop and implement a Chronic Care Management program in the clinics to educate and support customers with chronic diseases

Strategy #2: Partner with area Rec Centers to promote physical activity and wellness through lifestyles

The Chronic Care Management program was fully implemented in the HPC clinics. The Farmers' Market Nutrition program provides vouchers for locally grown fruits, vegetables and honey. Eligible WIC participants are issued Farmers Market Nutrition Program coupons in addition to regular WIC benefits. The Community basket is now located in the basement of the HPC Ida Grove office. Hospital staff assisted with the delivery of meals on wheels and grocery delivery during the COVID pandemic. A health fair was provided at VT Industries on dietary fiber. Wellness screens with blood pressure checks were performed. ICCA continues to meet on a monthly basis. An online Facebook page was created as a support page for those with Type 2 Diabetes.

Cancer

Goal: Promote and encourage referrals for preventative cancer screening for Colorectal and Breast Cancer.

Strategy #1: Research flexible scheduling to make appointments more convenient for our customers.

Strategy #2: Investigate eligible population and market benefits of screening.

Horn Health Breaks were completed on Colonoscopy, Men's Health, Prostate Health and Breast Cancer and Mammography. Horn Memorial Hospital also provided content for articles in the newspaper on Colorectal Cancer, Mental Health, Lung Cancer, Breast Cancer and 3D Mammography. Education was provided on screenings available at Horn Memorial Hospital during the VT Industries health fair.

Access to Healthcare Services

Goal: Increase access to healthcare services in our service area.

Strategy #1: Build Holstein Clinic with possibility of additional provider

Strategy #2: Continue to promote the "Call Us First Campaign."

The Holstein clinic was completed in 2021 and two additional providers joined the HPC clinic. The hours of operation at the Odebolt clinic were increased to ensure a provider was located in the Odebolt office Monday-Friday. Telehealth visits were implemented in the HPC clinics, along with the "Call Us First Campaign". The community resources information was updated in 2022.